

2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
W-2		2022	
Wage and Tax Statement			
<small>Copy C for employee's records. OMB No. 1545-0008</small>			
d Control number	Dept.	Corp.	Employer use only
0000001052 V70		LJV0	E S 633
c Employer's name, address, and ZIP code			
MARSHFIELD CLINIC 1000 NORTH OAK AVE MARSHFIELD, WI 54449			
e/f Employee's name, address, and ZIP code			
FNU JAYARAM ABHIRAM 1216 N LINCOLN AVE MARSHFIELD, WI 54449			
b Employer's FED ID number	a Employee's SSA number		
39-0452970	XXX-XX-1925		
1 Wages, tips, other comp.	2 Federal income tax withheld		
63092.89	6906.41		
3 Social security wages	4 Social security tax withheld		
71706.98	4445.83		
5 Medicare wages and tips	6 Medicare tax withheld		
71706.98	1039.75		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	C 91.65		
	12b D 8614.09		
	12c DD 7911.60		
	12d		
	13 Stat emp.	Ret. plan	3rd party sick pay
		X	
15 State	Employer's state ID no.	16 State wages, tips, etc.	
WI	036 0000007056 04	63092.89	
17 State income tax	18 Local wages, tips, etc.		
2993.76			
19 Local income tax	20 Locality name		

FNU JAYARAM ABHIRAM
1216 N LINCOLN AVE
MARSHFIELD, WI 54449

Social Security Number: XXX-XX-1925



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Federal Filing Copy
W-2 Wage and Tax Statement **2022**
OMB No. 1545-0008
Copy B to be filed with employee's Federal Income Tax Return.

WI. State Filing Copy
W-2 Wage and Tax Statement **2022**
OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.

City or Local Filing Copy
W-2 Wage and Tax Statement **2022**
OMB No. 1545-0008
Copy 2 to be filed with employee's City or Local Income Tax Return.