

Form **W-2 Wage and Tax Statement** 2022

c Employer's name, address, and ZIP code CHILDREN'S HOSP. MED. CTR. 3333 BURNET AVENUE CINCINNATI OH 45229-3039		7 Social security tips	1 Wages, tips, other comp. 53099.73	2 Federal income tax withheld 5429.67		
e Employee's name, address, and ZIP code RAJESH KUMAR KASAM 235 LORAIN AVENUE APT#04 CINCINNATI OH 45220		8 Allocated tips	3 Social security wages 53099.73	4 Social security tax withheld 3292.18		
		9	5 Medicare wages and tips 53099.73	6 Medicare tax withheld 769.95		
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 59.04		
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other	12b W 1500.00		
		b Employer identification number (EIN) 31-0833936		12c DD 18301.40		
		a Employee's social security no. 822-88-8951		12d		
15 State OH	Employer's state ID no. 51139461	16 State wages, tips, etc. 53099.73	17 State income tax 1337.10	18 Local wages, tips, etc. 53099.73	19 Local income tax 955.84	20 Locality name CINCINNAT

**Copy B To Be Filed With Employee's FEDERAL Tax Return** This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS Web Site at [www.irs.gov/efile](http://www.irs.gov/efile)

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

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**Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)** OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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**Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return** OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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