Copy B To Be Filed with Employee's FEDERAL Tax Return. 2022  OMB No. 1545-0008		Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. 2022 OMB No. 1545-0008			
741 00 7200	14999.99	2 Federal income tax withheld 1216.00	a Employee's SSN	ages, tips, other comp. 14999.99	
b Employer ID no. (EIN)	cial security wages 14999.99	4 Social security tax withheld 930.00		ocial security wages 14999.99	4 Social security tax withheld 930.00
52-2199775 5 Med	dicare wages and tips	6 Medicare tax withheld 217.50	b Employer ID no. (EIN) 52-2199775	edicare wages and tips	6 Medicare tax withheld 217.50
c Employer's name, address, RANDOLPH COUN	and ZIP code NTY CARING COM	YTINUN	c Employer's name, address RANDOLPH COU	s, and ZIP code UNTY CARING COM	MUNITY
101 W COATES STE SUITE 201 MOBERLY	ST 1	MO 65270-1574	101 W COATES STE SUITE 20 MOBERLY		MO 65270-1574
d Control number			d Control number		
e Employee's name, address, VYSHNAVI PAKA 1307 ASHLAND COLUMBIA	A	suff. MO 65201	e Employee's name, address VYSHNAVI PAK 1307 ASHLAND COLUMBIA		Suff. MO 65201
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	10 Dependent care benefits	11 Nonqualified plans	12a Code See Inst. for box 12
13 Statutory employee Retirement Plan Third-party sick pay	lther	12b Code 12c Code 12d Code	13 Statutory employee Retirement Plan Third-party sick pay	Other	12b Code 12c Code 12d Code
MO 17392276	1 4 9 9 s		MO 17392276		99.99 507.00
15 State Employer's state ID n				1	
. ,	19 Local income tax	20 Locality name	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence

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Copy C For EMP (See Notice to E	mplovees)	CORDS.		o. 1545-0008		
	1 Wages, tips, other comp.		2 Federal income tax withheld			
Employee's SSN	14999.99		1216.00			
741-09-7389	3 Social security	wages	4 Social security tax withheld			
- Employer ID as /FIM	14999.99		930.00			
Employer ID no. (EIN)	5 Medicare wage	5 Medicare wages and tips		6 Medicare tax withheld		
52-2199775		14999.99		217.50		
Employer's name, ac RANDOLPH	COUNTY C	de ARING COM	MUNITY			
STE SUITE MOBERLY	201	мо б	5270-1574			
d Control number						
e Employee's name, a VYSHNAVI 1307 ASHL	PAKA			Suff.		
COLUMBIA			MO 6	5201		
7 Social security tips	8 Allocat	8 Allocated tips				
0 Dependent care bene	efits 11 Nonqu	11 Nonqualified plans		12a Code See inst. for box 12		
13 Statutory employee Retirement Plan (hird-party sick pay	14 Other		12b Code 12c Code 12d Code			
MO 1739227	7.6	1499	9.99	507.00		
5 State Employer's stal		16 State wages, tip		State income tax		
		ncome tax	20 Locality name			
Form W-2 Wage and Ta	ax Statement	,	Dep	t, of the Treasury - IR		

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	г	(EV 01/17/23 QBD1			
Copy 2 To Be F	iled With En	ployee's State			
City, or Local Inc			OMB No. 1545-0008		
a Employee's SSN	1 Wages, tips, other comp.		2 Federal income tax withheld		
	14999.99		1216.0		
741-09-7389	3 Social security		4 Social security tax withheld		
b Employer ID no. (EIN)	14999.99		930.0		
	5 Medicare wages and tips		6 Medicare tax withheld		
52-2199775		14999.99	217.5		
c Employer's name, ad RANDOLPH (		ARING COM	MUNITY		
STE SUITE MOBERLY	MO 65270-1	1574			
d Control number					
e Employee's name, ad VYSHNAVI I 1307 ASHLA	PAKA			Suff.	
COLUMBIA			MO 65201		
7 Social security tips	8 Alloca	ted tips	9		
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13	14 Other		12b Code		
Statutory employee Relirement Plan Phird-party sick pay			12c Code 12d Code		
MO 1739227		1499	00	7.00	
8 Local wages, tips, etc			O Locality name	A	
	70 20041		to Ecounty Hallio		
Form W-2 Wage and Tax	Ctatament		Dept. of the Trea		