

d. Control number 20203	1 Wages, tips, other compensation 48451.52	2 Federal income tax withheld 1749.46
OVB NO 1545-0008	3 Social security wages 49832.06	4 Social security tax withheld 3089.59
	5 Medicare wages and tips 49832.06	6 Medicare tax withheld 722.56
c. Employer's name, address and ZIP code DIMENSIONS HEALTH CORPORATION 900 ELKRIDGE LANDING RD LINTHICUM HEIGHTS MD 21090		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 7.95
12b DD 15146.19	12c E 1380.54	12d
b. Employer identification number (EIN) 52-1289729		
a. Employee's social security number 379-49-6372		
13 Statutory employee	14 Retirement plan	15 Third-party sick pay
X		

e. Employee's name, address and ZIP code  
Anusha K. Battula  
2517 James Madison Cir  
Herndon VA 20171-4322

2022	15 State Employer's state ID No VA 30-521289729F-001	16 State wages, tips, etc. 48451.52
Form W-2 Wage and Tax Statement Copy B To Be Filed With Employee's FEDERAL Tax Return	17 State income tax 2341.21	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

16-0331690 Department of the Treasury—Internal Revenue Service

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Form W-2 Wage and Tax Statement Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)	17 State income tax 2341.21	18 Local wages, tips, etc.
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Form W-2 Wage and Tax Statement Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return	17 State income tax 2341.21	18 Local wages, tips, etc.
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