

a Employee's social security number XXX-XX-1486		b Employer identification number 52-6002033		Copy B To Be Filed With Employee's FEDERAL Tax Return			
c Employer's name, address and ZIP code STATE OF MARYLAND CENTRAL PAYROLL BUREAU P.O. BOX 2396 ANNAPOLIS, MD 21404-2396 52-6002033 S.S. # 69-0520001L				29,208.74 1 Wages, tips, other compensation		1,745.43 2 Federal income tax withheld	
				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
d Control number DC000955				10 Dependent care benefits		11 Nonqualified plans	
				12b Code		12c Code	
e Employee's first name and initial, last name and suffix f Employee's address and ZIP code DC000955 UM ZB SARANSH GROVER 2401 CALVERT ST NW APT 301 WASHINGTON DC 20008				13 Statutory employee <input type="checkbox"/>		14 Other	
				Retirement plan <input type="checkbox"/>			
				Third-party sick pay <input type="checkbox"/>			
15 State Employer's state ID number DC		16 State wages, tips, etc 52-6002033		17 State income tax 5,898.88		18 Local wages, tips, etc 315.44	
						19 Local income tax	
						20 Locality name	

Form W-2 Wage and Tax Statement 2022
This information is being furnished to the Internal Revenue Service

Department of the Treasury - Internal Revenue Service

a Employee's social security number XXX-XX-1486		b Employer identification number 52-6002033		Copy 2 To Be Filed With Employee's State, City, or Local Tax Return			
c Employer's name, address and ZIP code STATE OF MARYLAND CENTRAL PAYROLL BUREAU P.O. BOX 2396 ANNAPOLIS, MD 21404-2396 52-6002033 S.S. # 69-0520001L				29,208.74 1 Wages, tips, other compensation		1,745.43 2 Federal income tax withheld	
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