Form OMB. No. 1545-0008 Wage and Tax Statement Copy C for Employee's records OMB. No. 1545-0008 Popt, of the Treasury - Internal Revenue Service. This information is being turnished to the IRS. 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 fall to report it.		
	2 Federal Income tax withheld	
1 Wages, tips, other compensation	3.48 218,59	
3 Social security wages	4 Social security tax withheld	
	3.48 188.70	
5 Medicare wages and tips	6 Medicare tax withheld	
	3.48 44.13	
a Employee's SSA number	Employer use only	
838-46-7735	d Control number	
36-1924025	04445806	
c Employer's name, address, and ZIP code	011.0000	
Agent For: WALGREENS.COM, INC. 200 Wilmot Rd Deerfield IL 60015 REISSUED STATEMEN 81-IL-		
7 Social security tips	8 Allocated tips	
	10 Dependent care benefits	
9	To bependent care benefits	
11 Nonqualified plans	12a See instructions for box 12	
13 Statutory Retirement Third-Party Sick pay	126	
14 Other	12c	
	12d	
e Employee's first name and Initial Last name Suff. anuhya jamili 3 Commons Cir Hawthorn Woods IL 60047		
f Employee's address and ZIP code 15 State Employer's state ID	18 Local wages, tips, etc	
IL 361924025/0006 16 State wages, tips, etc.	19 Local income tax	
17 State income tax	20 Locality name	
Form OMB. No. 1545-0008 W-2 Wage and Tax Statement Service Copy B To Be Filed With Employee's FEDERAL Tax Return		

18 Local wages, tips, etc
19 Local income tax

20 Locality name

anunya jamii 3 Commons Cir Hawthorn Woods IL 60047

3043.48

150.65

f Employee's address and ZIP code
15 State Employer's state ID
IL 361924025/0006
16 State wages, tips, etc. 30

	3 Commons Cir Hawthorn Woods IL 60047		
f Employee's	address and ZIP code		
15 State	Employer's state ID 361924025/0006	18 Local wages, tips, etc	
16 State wag	es, tips, etc. 3043.48	19 Local income tax	
17 State inco	me tax 150.65	20 Locality name	
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Statement 2022 Service Statement Copy 2 To Be Filed With Employee's STATE Income Tax Return			

Copy 2 to be then with Employees street			
1 Wages, tips, other compensation	2 Federal Income tax withheld		
3043.48	218.59		
3 Social security wages	4 Social security tax withheld		
3043.48	188.70		
5 Medicare wages and tips	6 Medicare tax withheld		
3043.48	44.13		
a Employee's SSA number	Employer use only		
838-46-7735			
b Employer's FED ID number	d Control number		
36-1924025	04445806		
c Employer's name, address, and ZIP code			
WALGREEN CO.			
Agent For: WALGREENS.C	OM, INC.		
200 Wilmot Rd			
Deerfield IL 60015			
DEICCHED (TATEMEN		
KEISSUED 3	STATEMEN 81-IL-		
7 Social security tips	8 Allocated tips		
, Coolai ocoany apo			
9	10 Dependent care benefits		
TI Name in Wind ologo	12a See instructions for box 12		
11 Nonqualitied plans	12a See histractions for box 12		
13 Statutory Hetirement Third-Party Employee plan Sick pay	126		
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14 Other	12c		
14 Other			
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	Suff.		
e Employee's first name and initial Last name	18 3011.		
anuhya jamili			
3 Commons Cir			
Hawthorn Woods IL 60047			
f Employee's address and ZIP code			
15 State Employer's state ID 361924025/0006	18 Local wages, tips, etc		
16 State wages, tips, etc. 3043.48	19 Local income tax		
17 State income tax	20 Locality name		
150.65			
Form OMB. No. 1545-0008	Dept. of the Treasury - Internal Revenue		
W-2 Wage and Tax 202	9 Service		
Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			