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BLOOMINGTON IN 47405		10 Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12 DD 17176.43									
e Employee's name, address, and ZIP code CHIRANJEEVI TIKKA 850, BLAKE STREET APT- H		13 Statutory Retirement Third sick plan	-party bay	14 Other		12b									
		b Employer identification number (EIN) 35-6001673 a Employee's social security no. 808-56-2178				12c 12i 12i 12i									
								INDIANAPOLIS IN 46202							
								15 State Employer's state ID no. IN 0003123294900	16 State wages, tips, etc. 51002.62	17 State income tax 1615.08	18 Loca	al wages, tips, etc. 51002.62	19 Local inc	ome tax 1010.06	20 Locality name C 49
Copy B To Be Filed With Employee's FEDERAL Tax Return		This information is being fumished to the Internal Revenue Service. OMB No. 1545-0008				Dept. of the Treasury - IRS Visit the IRS Web Site at www.irs.gov/efile									
		1		This information is being furnished negligence penalty or other sanct	d to the Internal Rev ion may be impose	venue Service. If you are ed on you if this income is	equired to file a tax return, a taxable and you fail to report it.								

Form W-2 Wage and Tax Statement 2022	7 Social security tips	1 Wages, tips, other comp. 51002.62	2 Federal income tax withheld 4365.37		
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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on b	ick of Copy B.)	MB No. 1545-0008	Dept. of the Treasury - IRS		

Form W-2 Wage and Tax Statement	2022	7 Social security tips	1 Wages, tips, other comp 510	. 2 Federal	2 Federal income tax withheld 4365.37	
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