

|   |  |  |  |  |                      |                  |                                     |  |          |  |   |         |
|---|--|--|--|--|----------------------|------------------|-------------------------------------|--|----------|--|---|---------|
| Form <b>W-2 Wage and Tax Statement</b> 2022   |  | 7 Social security tips   | 1 Wages, tips, other comp.<br>91450.58 | 2 Federal income tax withheld<br>7975.31   |                      |                  |                                     |  |          |  |   |         |
| c Employer's name, address, and ZIP code<br>ERLANGER HEALTH SYSTEM<br>975 EAST THIRD STREET<br>CHATTANOOGA TN 37403 |  | 8 Allocated tips   | 3 Social security wages<br>100077.78   | 4 Social security tax withheld<br>6204.82  |                      |                  |                                     |  |          |  |   |         |
|   |  | 9  | 5 Medicare wages and tips<br>100077.78 | 6 Medicare tax withheld<br>1451.13         |                      |                  |                                     |  |          |  |   |         |
|   |  | 10 Dependent care benefits<br>5000.00  | 11 Nonqualified plans                  | 12a See instructions for box 12<br>C 75.18 |                      |                  |                                     |  |          |  |   |         |
| e Employee's name, address, and ZIP code<br>DAMODHAR MACHERLA<br>9768 HAVEN PORT LN<br>OOLTEWAH TN 37363            |  | 13 <table border="1"> <tr> <td>Statutory employee</td> <td>Retirement plan</td> <td>Third-party sick pay</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> </table> | Statutory employee                     | Retirement plan                            | Third-party sick pay |                  | <input checked="" type="checkbox"/> |  | 14 Other | 12b <table border="1"> <tr> <td>E</td> <td>8627.20</td> </tr> </table> | E | 8627.20 |
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| DD  | 21798.40   |  |  |  |                      |                  |                                     |  |          |  |   |         |
| a Employee's social security no.<br>495-23-7059   | 12d  |  |  |  |                      |                  |                                     |  |          |  |   |         |
|   |  |  |  |  |                      |                  |                                     |  |          |  |   |         |
| 15 State  | Employer's state ID no.  | 16 State wages, tips, etc.   | 17 State income tax                    | 18 Local wages, tips, etc.                 | 19 Local income tax  | 20 Locality name |                                     |  |          |  |   |         |

**Copy B To Be Filed With Employee's FEDERAL Tax Return** This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS Web Site at [www.irs.gov/efile](http://www.irs.gov/efile)

This information is being furnished to the Internal Revenue Service. 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 fail to report it.

|   |  |  |  |  |                      |                  |                                     |  |          |  |   |         |
|---|--|--|--|--|----------------------|------------------|-------------------------------------|--|----------|--|---|---------|
| Form <b>W-2 Wage and Tax Statement</b> 2022   |  | 7 Social security tips   | 1 Wages, tips, other comp.<br>91450.58 | 2 Federal income tax withheld<br>7975.31   |                      |                  |                                     |  |          |  |   |         |
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**Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)** OMB No. 1545-0008 **Dept. of the Treasury - IRS**

|   |  |  |  |  |                      |                  |                                     |  |          |  |   |         |
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