



**2022
Form W-2
Wage and Tax
Statement**

Copy B
To be Filed with Employee's
Federal Tax Return

Control number		OMB No. 1545-0008		1 Wages, tips, other compensation 6,821.43		2 Federal income tax withheld .00	
Employer's Identification Number (EIN) 06-1252418				3 Social security wages 6,821.43		4 Social security tax withheld 422.95	
Employer's name, address, and ZIP code LINA BENEFIT PAYMENTS, INC. LLTCU 900 COTTAGE GROVE ROAD HARTFORD CT 06152				5 Medicare wages and tips 6,821.43		6 Medicare tax withheld 98.91	
Employee's social security number 860-08-5935				7 Social security tips		8 Allocated tips	
Employee's first name and initial SAHANA BASAPPA		Last name		9			
Employee's address and ZIP code 1904 TAWNY DRIVE DENTON TX 76205				10 Dependent care benefits			
15 State Employer's state I.D. No.				16 State wages, tips, etc.		17 State income tax	
				18 Local wages, tips, etc.		19 Local income tax	
				20 Locality name			
				11 Nonqualified plans			
				13 <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Statutory Employee		12 See instructions for Box 12 C o d e	
				14 Other			

Dept. of Treasury - Internal Revenue Service
This information is being furnished to the Internal Revenue Service



**2022
Form W-2
Wage and Tax
Statement**

Copy 2
To be Filed with Employee's
State, City, or Local Income
Tax Return

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