Employee's first name and initial

BASAPPA

SAHANA

1904 TAWNY DRIVE

DENTON TX 76205

| Control number | B No. 1545-0008 | Fo Wag | 2022 rm W-2 e and Tax tement | To b | Copy i e Filed with Federal Tax | 3 Employee's Return | |
|--|--------------------|---------------------------------------|---------------------------------------|------------------|--|---------------------------|--|
| Employer's Identification Number (EIN) | B No. 1545-0008 | | os, other compensation | n . | Federal Income to | ax withheld | |
| 06-1252418 | | 6,821.43 | | | .00 | | |
| 5123858 LK 0100117 and 2P code 123858 LK 0100117 LLINA BENEFIT LINA BENEFIT PAYMENTS, INC. LLTCU 900 COTTAGE GROVE ROAD HARTFORD CT 06152 | | 3 Social security wages 6,821.43 | | | 4 Social security tax withheld 422.95 | | |
| | | 5 Medicare wages and tips 6.821.43 | | | 6 Medicare tax withheld 98.91 | | |
| | | 7 Social security tips | | | 8 Allocated tips | | |
| Employee's social security number 860-08-5935 | | | 9 | | 10 Dependent care benefits | | |
| Employee's first name and initial Last name | polisic self in or | 11 Nonque | ified plans | | | | |
| SAHANA BASAPPA | | 13 | | | 12 See Instructions for Box 12 | | |
| 1904 TAWNY DRIVE | | | Third-party Retirement sick-pay Plan | | | d • | |
| DENTON TX 76205 | | Employee | | | | | |
| 15 State Employer's state I.D. No. 16 State wages, Up., etc. | 17 State | incometax | 18 Local wages, tips, etc. | | Local Income tax | 20 Locality name | |
| < | | This info | Dept. of I | reasu furnish | ry - Internal I ed to the Interi | Revenue Serv | |
| over the The Christian Representation (CO) and the Christian Representation of the Christian Representation Representatio | | | | | Copy 2 b be Filed with Employee' tate, City, or Local Income Tax Return | | |
| Control number | 3 No. 1545-0008 | _ | e and Tax stement | | Tax Ke | eturn | |
| Employer's Identification Number (EIN) | | | 1 Wages, tips, other compensation | | 2 Federal income tax withheld | | |
| 6-1252418 | | | 6,821.43 | | .00 | | |
| S123985 IL O100117 INA BENEFIT AYMENTS, INC. LITCU 00 COTTAGE GROVE ROAD IARTFORD CT 06152 | | 3 Social security wages 6,821.43 | | 1.43 | 4 Social security tax withheld 422.9 | | |
| | | 5 Medicare wages and tips 6,821.43 | | | 6 Medicare tax withheld 98.9 | | |
| | | 7 Social security tips | | 8 Allocated tips | | | |
| Employee's social security number | | 9 | | | 10 Dependent o | are benefits | |

11 Nonqualified plans

Third-party sick-pay

Statutory Employee

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

19 Local Income tax

o bo o

12 See Instructions for Box 12

20 Locality name

C2016H 12-1

WZBASE