

OMB No. 1545-0008					
d Control Number		1 Wages, tips, other compensation	2 Federal income tax withheld		
		22630.87	61.40		
b Employer identification number (EIN)		3 Social security wages	4 Social security tax withheld		
47-1690947		22630.87	1403.11		
a Employee's social security number		5 Medicare wages and tips	6 Medicare tax withheld		
XXX-XX-8536		22630.87	328.15		

c Employer's name, address and ZIP code
 APEO LLC ON BEHALF OF
 DENTAL CONSULTANTS, LLC
 281 SANDERS CREEK PARKWAY
 EAST SYRACUSE NY 13057

7 Social security tips			8 Allocated tips			9		
10 Dependent care benefits			11 Nonqualified plans			12a		
12b			12c			12d See instructions for box 12		
Code			Code			Code		
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other					

e Employee's name, address and ZIP code
 SHINY CHATURVEDI
 6311 63RD STREET SOUTH
 COTTAGE GROVE MN 55016

2022 Form W-2	15 State Employer's state I.D. no.		16 State wages, tips, etc.	
	MN	3886201	22630.87	

Wage and Tax Statement Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)		17 State income tax	18 Local wages, tips, etc.
		612.00	
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.		19 Local income tax	20 Locality name

Department of the Treasury - Internal Revenue Service

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 COTTAGE GROVE MN 55016

2022 Form W-2	15 State Employer's state I.D. no.		16 State wages, tips, etc.	
	MN	3886201	22630.87	

Wage and Tax Statement Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.		17 State income tax	18 Local wages, tips, etc.
		612.00	
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 6311 63RD STREET SOUTH
 COTTAGE GROVE MN 55016

2022 Form W-2	15 State Employer's state I.D. no.		16 State wages, tips, etc.	
	MN	3886201	22630.87	

Wage and Tax Statement Copy B - To Be Filed With Employee's FEDERAL Tax Return.		17 State income tax	18 Local wages, tips, etc.
		612.00	
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