

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

Copy B To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

c Employer's name, address, and ZIP code VALLEY HEALTH 1840 AMHERST STREET WINCHESTER VA 22601		7 Social security tips	1 Wages, tips, other compensation 23371.07	2 Federal income tax withheld 3384.16
e Employee's name, address, and ZIP code Deepthy Biredy 1075 Tall Grass Circle Apt 10 Stow OH 44224		8 Allocated tips	3 Social security wages 23371.07	4 Social security tax withheld 1449.01
OH 52-1357729		9	5 Medicare wages and tips 23371.07	6 Medicare tax withheld 338.88
15 State Employer's state I.D. No.	16 State wages, tips, etc.	10 Dependent care benefits	11 Nonqualified plans	
		12a See instructions for box 12 C 4.88	12b DD 1924.36	12c
		12d	13 Statutory emp. Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	14 Other INS 537.81
		b Employer identification number (EIN) 52-1357729	a Employee's social security number 793-54-4845	
		17 State income tax 666.18	18 Local wages, tips, etc. 23371.07	19 Local income tax 411.32
				20 Locality name COM

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Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B).

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