

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.

**2022**

9413  
 OMB No. 1545-0048

Department of the Treasury - Internal Revenue Service

c Employer's name, address, and ZIP code

The Mount Sinai Hospital  
 One Gustave Levy Place  
 New York NY 10029

e Employee's name, address, and ZIP code

SHRUTIKA KISHOR RUDRAWAR  
 3333 BROADWAY  
 APT D10H  
 NEW YORK NY 10031

7 Social security tips	8 Allocated tips	9 Verification code	12a See instructions for box 12 C 2.52	12b DD 1395.76	12c
3 Social security wages	5 Medicare wages and tips	10 Dependent care benefits	b Employer identification number (EIN) 13-1624096	a Employee's social security number 762-87-3213	14 Other

1 Wages, tips, other compensation 13031.14	2 Federal income tax withheld 1329.95
4 Social security tax withheld 609.00	6 Medicare tax withheld 142.43
11 Nonqualified plans	

15 State NY 131624096	16 State wages, tips, etc. 13031.14	17 State income tax 611.90	18 Local wages, tips, etc. 13031.14	19 Local income tax 433.91	20 Locality name New York
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Form **W-2 Wage and Tax Statement**  
**2022**  
 Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B)

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Form **W-2 Wage and Tax Statement**  
**2022**  
 Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

**2022**

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