

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

c Employer's name, address, and ZIP code
HEALTH & HUMAN SERVICES COMM
 P.O. BOX 149030
 AUSTIN TX 78714-9030

e Employee's name, address, and ZIP code

VIDHYULLATHA GANJI
 1100 PACKSADDLE TRAIL
 PROSPER TX 75078

7 Social security tips	1 Wages, tips, other comp. 61600.27	2 Federal income tax withheld 7805.20
8 Allocated tips	3 Social security wages 70034.52	4 Social security tax withheld 4342.14
9	5 Medicare wages and tips 70034.52	6 Medicare tax withheld 1015.50
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 131.30
13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other	12b D 500.90
b Employer identification number (EIN) 74-2638006		12c G 993.70
a Employee's social security no. XXX-XX-8951		12d DD 7711.44
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.
 OMB No. 1545-0008

Dept. of the Treasury - IRS
 Visit the IRS Web Site at www.irs.gov/efile

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.

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

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

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