Form W-2 Wage and Tax Statement	2022		7 Social sect	urity tips		1 Wages, tips, other com 413	p. 97.04	2 Federal	income	tax withheld 2531.39
c Employer's name, address, and ZIP code HEALTH ALLIANCE PLAN		8 Allocated tips		3 Social security wages 42372.56		4 Social security tax withheld 2627.10				
1 FORD PLACE		9		5 Medicare wages and tips 42372.56		6 Medicare tax withheld 614.40				
DETROIT MI 48202			10 Depender	nt care benefi	ts	11 Nonqualified plans		12a See instructions for box 12		ns for box 12 82.38
e Employee's name, address, and ZIP code			13 Statutory employee	Retirement plan	Third-party sick pay	14 Other		12b		975.52
AMEYA REDDY YERUVA 8414 SUGAR MAPLE DRIVE		b Employer identification number (EIN) 38-2242827				12c DD		8481.17		
APT 305			a Employee's XXX-XX		ity no.			12d		
MASON OH 45040										
15 State Employer's state ID no. OH 52398036	16 State wages, tips, etc 41397		17 State inco	me tax 1103.8		cal wages, tips, etc.	19 Local inc	ome tax		20 Locality name
Copy B To Be Filed With Employee's FEDERAL	ax Return		This informatior	n is being fum		Internal Revenue Service. IB No. 1545-0008	1			e Treasury - IRS at www.irs.gov/efile
						This information is being fumished negligence penalty or other sanct	d to the Internal Re- ion may be impose	venue Service. If d on you if this i	you are rec ncome is ta	uired to file a tax return, a xable and you fail to report it
Form W-2 Wage and Tax Statement	2022		7 Social secu	urity tips		1 Wages, tips, other com 413	_{p.} 397.04	2 Federal	income	tax withheld 2531.39
c Employer's name, address, and ZIP code HEALTH ALLIANCE PLAN			8 Allocated t	ips		3 Social security wages	372.56	4 Social s	ecurity t	ax withheld 2627.10

10 Dependent care benefits

Retirement plan

b Employer identification number (EIN)

a Employee's social security no. XXX-XX-3793

1103.84

X

13 Statutory employee

38-2242827

17 State income tax

9

Conv C F	or EMPLOYEE'S	RECORDS /	See Notice	to Employee	on back of	Conv B)
0000		ILCOURDO (000 1100000	to Employee	on buck of	00py D.)

16 State wages, tips, etc.

41397.04

1 FORD PLACE

APT 305

15 State

OH

DETROIT MI 48202

e Employee's name, address, and ZIP code

AMEYA REDDY YERUVA

MASON OH 45040

8414 SUGAR MAPLE DRIVE

Employer's state ID no.

52398036

OMB No. 1545-0008

Third-party sick pay

5 Medicare wages and tips

11 Nonqualified plans

14 Other

18 Local wages, tips, etc.

42372.56

Dept. of the Treasury - IRS

^c C

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19 Local income tax

6 Medicare tax withheld

12a See instructions for box 12

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20 Locality name

Form W-2 Wage and Tax Statement	: 2022	7 Social security tips	1 Wages, tips, other com 41	^{np.} 397.04	2 Federal inc	come tax withheld 2531.39
c Employer's name, address, and ZIP code HEALTH ALLIANCE PLAN		8 Allocated tips	3 Social security wages 42	372.56	4 Social security tax withheld 2627.10	
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		10 Dependent care benefits	11 Nonqualified plans	11 Nonqualified plans		82.38
e Employee's name, address, and ZIP code AMEYA REDDY YERUVA 8414 SUGAR MAPLE DRIVE		13 Statutory Retirement Third plan Sick	d-party pay 14 Other		12b	975.52
		b Employer identification numb 38-2242827	ber (EIN)			8481.17
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Copy 2 To Be Filed With Employee's State, City,	or Local Income Tax Return	<u>ו</u>	OMB No. 1545-0008	1	Dept	. of the Treasury - IRS

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		b Employer identification number 38-2242827	r (EIN)	_	12c DD	8481.17
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15 State Employer's state ID no. OH 52398036	16 State wages, tips, etc. 41397.04	17 State income tax 1103.84	8 Local wages, tips, etc.	Local inco	ome tax	20 Locality name
Copy 2 To Be Filed With Employee's State, Cit	y, or Local Income Tax Return	n L87	OMB No. 1545-0008 52	06	Dept. of	the Treasury - IRS

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