

Copy B—To Be Filed With Employee's FEDERAL Tax Return.			OMB No. 1545-0008
a Employee's soc. sec. no. 705-66-6033	1 Wages, tips, other comp. 113713.65	2 Federal income tax withheld 17298.87	
	3 Social security wages 119140.60	4 Social security tax withheld 7386.72	
b Employer ID number (EIN) 35-1835818	5 Medicare wages and tips 119140.60	6 Medicare tax withheld 1727.54	
	c Employer's name, address, and ZIP code The Elevance Health Companies, Inc. An Affiliate of Elevance Health, Inc. 220 Virginia Avenue Indianapolis, IN 46204		
d Control number			
e Employee's name, address, and ZIP code Sekhar Suman Chintanippu 3300 N Carriageway Dr 415 Arlington Heights, IL 60004			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 D 5426.95	
13 Statutory employee	14 Other	12b Code W 1949.93	
		12c Code DD 10176.92	
Retirement plan X		12d Code	
Third-party sick pay			
IL 35-1835818	113713.65	2502.15	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0008
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Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)			OMB No. 1545-0008
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This information is being furnished to the IRS. 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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