

Form **W-2 Wage and Tax Statement** **2023** Void

c Employer's name, address, and ZIP code NIM-OS LLC ONE FINANCIAL CENTER BOSTON MA 02111		7 Social security tips	1 Wages, tips, other compensation 82451.44	2 Federal income tax withheld 6450.72	
e Employee's name, address, and ZIP code SUDHEER GARIKAPATI 10 COTTAGE ST MANVILLE RI 02838		8 Allocated tips	3 Social security wages 85223.44	4 Social security tax withheld 5283.85	
		9	5 Medicare wages and tips 85223.44	6 Medicare tax withheld 1235.74	
		10 Dependent care benefits 3200.00	11 Nonqualified plans	12a See instructions for box 12 C 163.44	
		13 Statutory employee Retirement plan Third-party sick pay X	14 Other RI SD 896.50	12b D 2772.00	
		b Employer identification number (EIN) 86-3785552	12c DD 17381.20		
		a Employee's social security number 132-04-4320	12d W 3900.00		
15 State Employer's state ID number RI 86-3785552	16 State wages, tips, etc. 82451.44	17 State income tax 3363.44	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 Department of the Treasury - Internal Revenue Service

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 upon 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.) OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service

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