2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Copy C for employee's records.

d Control number 000055 KD/C5H

Corp.

Employer use only

Employer's name, address, and ZIP code PIEDMONT PHYSICAL THERAPY INC 8551 RIXLEW LANE SUITE 340 MANASSAS, VA 20109

Batch #91196

e/f Employee's name, address, and ZIP code HARIPRIYA GOVARDHANAM 42303 STONEMONT CIRCLE ASHBURN, VA 20148-1798

b	26-4579985		a	a Employee's SSA number XXX - XX - 4688				
1	Wages, tips, other comp.		2 Federal income tax withheld					
		19656.35	1179.86					
3	Socia	I security wages	4	So	cial :	security tax withheld		
		19656.35	1218.69					
5	Medic	are wages and tips	6	Me	dica	re tax withheld		
		19656.35	285.02					
7 Social security tips		8 Allocated tips						
9		10 Dependent care benefits						
11 Nonqualified plans		12	a Se	instr	ructions for box 12			
4.4	Other		12	b	Ť			
14	Other		12	С	1			
			12		1			
		13	Stat	emp.	Ret. plan 3rd party sick pay			
15 State Employer's state ID no. VA 30264579985F001		. 16	. 16 State wages, tips, etc. 19656.35					
17 State income tax 841.13		18	Loc	al w	ages, tips, etc.			
19 Local income tax		income tax	20	20 Locality name				

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Wages, Tips, other Social Security Compensation Box 1 of W-2 Wages Box 3 of W-2

Medicare Wages Box 5 of W-2

VA. State Wages, Tips, Etc. Box 16 of W-2

Gross Pay Reported W-2 Wages

19,656.35 19,656.35 19.656.35 19,656.35

19,656.35 19,656.35 19,656.35 19,656.35

2. Employee Name and Address.

HARIPRIYA GOVARDHANAM 42303 STONEMONT CIRCLE ASHBURN, VA 20148-1798

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1	Wages, tips, other co	omp. 6.35	2 Feder	al income tax withhe	
3	Social security wage	s 6.35	4 Social security tax withheld 1218.69		
5 Medicare wages and tips 19656.35			6 Medic	eare tax withheld 285.0	02
d 00	Control number 00055 KD/C5H	Dept.	Corp.	Employer use on	nly

Employer's name, address, and ZIP code PIEDMONT PHYSICAL THERAPY INC 8551 RIXLEW LANE SUITE 340 MANASSAS, VA 20109

Employer's FED ID number 26 - 4579985 XXX-XX-4688 Social security tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 14 Other 12h 120 12d 13 Stat emp. Ret. plan 3rd party sick pay eff Employee's name, address and ZIP code

HARIPRIYA GOVARDHANAM 42303 STONEMONT CIRCLE ASHBURN, VA 20148-1798

15 State Employer's state ID no. 16 State wages, tips, etc. VA 30264579985F001 19656.35 17 State income tax 18 Local wages, tips, etc. 841.13 19 Local income tax 20 Locality name

Federal Filing Copy Wage and Tax Statement Copy B to be filed with employee's Federal Inc

1	Wages, tips, other co 1965		2 Federa	al income t	ax withheld 1179.86
3 Social security wages 19656.35		4 Social security tax withheld 1218.69			
5 Medicare wages and tips 19656.35			6 Medic	are tax witl	hheld 285.02
d	Control number	Dept.	Corp.	Employ	er use only
00	00055 KD/C5H			A	12

Fold and Detach Here

Employer's name, address, and ZIP code

PIEDMONT PHYSICAL THERAPY INC 8551 RIXLEW LANE SUITE 340 MANASSAS, VA 20109

b	Employer's FED ID number 26 - 4579985	a Employee's SSA number XXX - XX - 4688				
7	Social security tips	8 Allocated tips				
9		10 Dependent care benefits				
11	Nonqualified plans	12a				
14	Other	12b				
		12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				

e/f Employee's name, address and ZIP code

HARIPRIYA GOVARDHANAM 42303 STONEMONT CIRCLE ASHBURN, VA 20148-1798

15 State Employer's state II VA 30264579985F0	0 no. 16 State wages, tips, etc. 19656.35
17 State income tax 841.1	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

VA.State Reference Copy Wage and Tax Statement employee's State Income Tax Return.

1	Wages, tips, other comp. 19656.35			2 Federal income tax with 1179			
3	3 Social security wages 19656.35			4 Social security tax withhe 1218.6			
5	5 Medicare wages and tips 19656.35			Medica	are tax withheld 285.0		
d	Control number	Dept.		Corp.	Employer use o		
00	00055 KD/C5H				A 1		

c Employer's name, address, and ZIP code

PIEDMONT PHYSICAL THERAPY INC 8551 RIXLEW LANE SUITE 340 MANASSAS, VA 20109

b	Employer's FED ID number 26-4579985	a Employee's SSA number XXX - XX - 4688					
7	Social security tips	8 Allocated tips					
9		10 Dependent care benefits					
11	Nonqualified plans	12a					
14	Other	12b					
		12c					
		12d					
		13 Stat emp. Ret. plan 3rd party sid					
e/f	Employee's name, address a	nd ZIP code					

HARIPRIYA GOVARDHANAM 42303 STONEMONT CIRCLE ASHBURN, VA 20148-1798

15 V	State A	Employer's state ID no. 30264579985F001	16	State wages, tips, etc. 19656.
17	State	income tax 841.13	18	Local wages, tips, etc.
19	Loca	income tax	20	Locality name

VA.State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.