## 2023 W-2 and EARNINGS SUMMARY

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

d Control number Dept. Corp. Employer use only 0000021921 UPS CGB6 C S 9563 c Employer's name, address, and ZIP code **INOVA HEALTH SYSTEM** AGENT FOR: INOVA HEALTH CARE 8095 INNOVATION PARK DRIVE FAIRFAX, VA 22031 e/f Employee's name, address, and ZIP code HARIPRIYA GOVARDHANAM 42303 STONEMONT CIRCLE ASHBURN, VA 20148

Employer's FED ID number a Employee's SSA number XXX-XX-4688
2 Federal income tax withheld 54-1773443 Wages, tips, other comp. 11767.26 1382.66 3 Social security wages 4 Social security tax withheld 12518.37 776.14 5 Medicare wages and tips 6 Medicare tax withheld 12518.37 181.52 7 Social security tips 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 D 751.11 11 Nonqualified plans 14 Other 12c Ret, plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. 30-541773443F-001 11767.26 17 State income tax 18 Local wages, tips, etc. 547.10 19 Local income tax 20 Locality name

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

> To change your employee W-4 profile information file a new W-4 with your payroll department.

> > Social Security Number: XXX-XX-4688

HARIPRIYA GOVARDHANAM **42303 STONEMONT CIRCLE** ASHBURN, VA 20148

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| Wages, tips, other comp.<br>11767.26 |                                    | 2 Federal income tax withheld<br>1382.66 |                                 |  |
|--------------------------------------|------------------------------------|--|---------------------------------|--|
|                                      | Social security wages<br>12518.37  |  | security tax withheld<br>776.14 |  |
|                                      | edicare wages and tips<br>12518.37 |  | re tax withheld<br>181.52       |  |
| Control number<br>0000021921 UPS     | Dept.                              | Corp.                                    | Employer use only               |  |

**INOVA HEALTH SYSTEM** AGENT FOR: INOVA HEALTH CARE

8095 INNOVATION PARK DRIVE FAIRFAX, VA 22031

| b                      | Employer's FED ID number 54-1773443          | a Employee's SSA number XXX-XX-4688 |           |                    |  |
|------------------------|--|-------------------------------------|-----------|--------------------|--|
| 7 Social security tips |  | 8 Allocated tips                    |           |                    |  |
| 9                      |  | 10 Depe                             | ndent ca  | are benefits       |  |
| 11                     | Nonqualified plans                           | 12a See in                          | nstructio | 751.11             |  |
| 14 Other               |  | 12b                                 |           | 701111             |  |
|                        |  | 12c                                 |           |                    |  |
|                        |  | 12d                                 |           |                    |  |
|                        |  |                                     | X         | 3rd party sick pay |  |
|                        | Employee's name, address a HARIPRIYA GOVARDI |                                     | ode       |                    |  |

42303 STONEMONT CIRCLE ASHBURN, VA 20148

| VA       | Employer's state ID no. 30-541773443F-001 | 16 | State wages, tips, etc.<br>11767.26 |
|----------|---|----|-------------------------------------|
|          | income tax<br>547.10                      | 18 | Local wages, tips, etc.             |
| 19 Local | income tax                                | 20 | Locality name                       |

Federal Filing Copy Wage and Tax Statement opy B to be filed with employee's Federal Income Tax Return

| 1 Wages, tips, other comp.<br>11767.26 |                                    | 2 Federal income tax withheld<br>1382.66 |                           |  |
|--|------------------------------------|--|---------------------------|--|
| 3 Social security wages<br>12518.37    |                                    | 4 Social security tax withheld 776.14    |                           |  |
|  | edicare wages and tips<br>12518.37 |  | re tax withheld<br>181.52 |  |
| d Control number<br>0000021921 UPS     | Dept.                              | Corp.                                    | Employer use only         |  |

Fold and Detach Here

**INOVA HEALTH SYSTEM** AGENT FOR:INOVA HEALTH CARE 8095 INNOVATION PARK DRIVE FAIRFAX, VA 22031

| b Employer's FED ID number<br>54-1773443 | a Employee's SSA number<br>XXX-XX-4688    |
|--|---|
| 7 Social security tips                   | 8 Allocated tips                          |
| g  | 10 Dependent care benefits                |
| 11 Nonqualified plans                    | D 751.11                                  |
| 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

| VA       | Employer's state ID no.<br>30-541773443F-001 | 16 | State wages, tips, etc.<br>11767.26 |
|----------|--|----|-------------------------------------|
| 17 State | income tax<br>547.10                         | 18 | Local wages, tips, etc.             |
| 19 Local | income tax                                   | 20 | Locality name                       |

A. State Filing Copy Wage and Tax Statement

| 1 | Wages, tips, other comp.<br>11767.26 |       | 2 Federal income tax withheld<br>1382.66                                      |                   |  |
|---|--------------------------------------|-------|---|-------------------|--|
| 3 | 12518.37                             |       | 4 Social security tax withheld<br>776.14<br>6 Medicare tax withheld<br>181.52 |                   |  |
| 5 |                                      |       |   |                   |  |
| d | Control number<br>0000021921 UPS     | Dept. | Corp.   | Employer use only |  |

c Employer's name, address, and ZIP code **INOVA HEALTH SYSTEM** AGENT FOR:INOVA HEALTH CARE 8095 INNOVATION PARK DRIVE FAIRFAX, VA 22031

| a Emplo     | XXX-  | XX-4688  |
|-------------|---|--|
|             |   |  |
| 10 Depe     | ndent ca  | re benefits  |
| 12a<br>D    |   | 751.11   |
| 12b         |   |  |
| 12c         |   |  |
| 12d         |   |  |
| 13 Stat emp | Ret. plan   | 3rd party sick pay                                 |
|             | 8 Alloca<br>10 Deper<br>12a<br>D<br>12b<br>12c<br>12d<br>13 Statemp | 8 Allocated tips 10 Dependent ca 12a D   12b   12c |

HARIPRIYA GOVARDHANAM 42303 STONEMONT CIRCLE ASHBURN, VA 20148

| VA       | Employer's state ID no.<br>30-541773443F-001 | 16 | State wages, tips, etc.<br>11767.26 |
|----------|--|----|-------------------------------------|
|          | income tax<br>547.10                         | 18 | Local wages, tips, etc.             |
| 19 Local | income tax                                   | 20 | Locality name                       |

City or Local Filing Copy Wage and Tax Statement