

b Employer identification number (EIN)		94-1648752		12a See instructions for Box 12		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code		ROBERT HALF INC. A ROBERT HALF COMPANY 2613 CAMINO RAMON SAN RAMON, CA 94583		4896.00		95904.00		14997.12	
ef Employee's name, address, and ZIP code		UMA MANASWANY VENNAPUSA 1305 LOUISA LN HAMPDEN TWP, PA 17050-7283		12b		3 Social security wages		4 Social security tax withheld	
				12c		100800.00		6249.60	
				12d		100800.00		6 Medicare tax withheld	
				12e		7 Social security tips		8 Allocated tips	
				This information is being furnished to the Internal Revenue Service		9		10 Dependent care benefits	
				Copy B—To Be Filed With Employee's FEDERAL Tax Return		11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay	
				a Employee's social security number ***-**-0769		14 Other PA-UI		70.56	
REISSUED STATEMENT		Import Code: 3BCA2MK6		15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax	
PA 18967471		100800.00		3094.56		18 Local wages, tips, etc.		19 Local income tax	
						100800.00		1612.80	
								20 Locality name	
								210401	
Form W-2 Wage and Tax Statement 2023		Department of the Treasury-Internal Revenue Service		OMB # 1545-0008		Copy B—To Be Filed With Employee's FEDERAL Tax Return			

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				Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return		9		10 Dependent care benefits	
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Form W-2 Wage and Tax Statement 2023		Department of the Treasury-Internal Revenue Service		OMB # 1545-0008		Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return			

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				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 on you if this income is taxable and you fail to report it.		9		10 Dependent care benefits	
				Copy C—For EMPLOYEE'S RECORDS (see Notice to Employee on back)		11 Nonqualified plans		13 Statutory employee Retirement plan Third-party sick pay	
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Form W-2 Wage and Tax Statement 2023		Department of the Treasury-Internal Revenue Service		OMB # 1545-0008		Copy C—For EMPLOYEE'S RECORDS (see Notice to Employee on back)			