

Copy B - To Be Filed With Employee's FEDERAL Tax Return.			OMB No. 1545-0008
a Employee's soc. sec. no. 891-02-0694	1 Wages, tips, other comp. 64851.34	2 Federal income tax withheld 7169.03	
b Employer ID number (EIN) 35-1835818	3 Social security wages	4 Social security tax withheld	
	5 Medicare wages and tips	6 Medicare tax withheld	
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 Santhosh Kumar Veeramalla 6949 w, 141st terrace, Apt 1207 Overland Park, KS 66223			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C 28.34	
13 Statutory employee	14 Other	12b Code D 6515.71	
		12c Code W 5074.00	
Retirement plan X		12d Code DD 10940.02	
Third-party sick pay			
KS 036351835818F02	64851.34	3178.00	
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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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 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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BW24UP NTF 2585808 3 BW24UP