

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

c Employer's name, address, and ZIP code
 CHILDREN'S HOSP. MED. CTR.
 3333 BURNET AVENUE
 CINCINNATI OH 45229-3039

e Employee's name, address, and ZIP code
 RAJESH KUMAR KASAM
 235 LORAIN AVENUE APT#04
 CINCINNATI OH 45220

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
OH	51139461	54655.18	1391.60	54655.18	983.82	CINCINNAT

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

Dept. of the Treasury - IRS
 Visit the IRS Web Site at www.irs.gov/efile

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.

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

c Employer's name, address, and ZIP code
 CHILDREN'S HOSP. MED. CTR.
 3333 BURNET AVENUE
 CINCINNATI OH 45229-3039

e Employee's name, address, and ZIP code
 RAJESH KUMAR KASAM
 235 LORAIN AVENUE APT#04
 CINCINNATI OH 45220

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
OH	51139461	54655.18	1391.60	54655.18	983.82	CINCINNAT

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

OMB No. 1545-0008

Dept. of the Treasury - IRS

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

c Employer's name, address, and ZIP code
 CHILDREN'S HOSP. MED. CTR.
 3333 BURNET AVENUE
 CINCINNATI OH 45229-3039

e Employee's name, address, and ZIP code
 RAJESH KUMAR KASAM
 235 LORAIN AVENUE APT#04
 CINCINNATI OH 45220

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
OH	51139461	54655.18	1391.60	54655.18	983.82	CINCINNAT

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008

Dept. of the Treasury - IRS

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

c Employer's name, address, and ZIP code
 CHILDREN'S HOSP. MED. CTR.
 3333 BURNET AVENUE
 CINCINNATI OH 45229-3039

e Employee's name, address, and ZIP code
 RAJESH KUMAR KASAM
 235 LORAIN AVENUE APT#04
 CINCINNATI OH 45220

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
OH	51139461	54655.18	1391.60	54655.18	983.82	CINCINNAT

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

L87

OMB No. 1545-0008

5206

Dept. of the Treasury - IRS