

Void <input type="checkbox"/>		<b>a Employee's social security number</b> 779-20-6999		<b>Copy D – For Employer</b> OMB No. 1545-0008								
<b>b Employer identification number (EIN)</b> 83-2058987			<b>1 Wages, tips, other compensation</b> 60357.87		<b>2 Federal income tax withheld</b> 7415.00							
<b>c Employer's name, address, and ZIP code</b> PAIN MANAGEMENT CENTERS OF AMERIC  67 LAKEVIEW DRIVE  PADUCAH KY 42001			<b>3 Social security wages</b> 60357.87		<b>4 Social security tax withheld</b> 3742.19							
			<b>5 Medicare wages and tips</b> 60357.87		<b>6 Medicare tax withheld</b> 875.19							
			<b>7 Social security tips</b>		<b>8 Allocated tips</b>							
<b>d Control number</b>			<b>9</b>		<b>10 Dependent care benefits</b>							
<b>e Employee's name, address, and ZIP code</b> APOORVA PONNEKANTI 2621 SUGAR LN  EVANSVILLE IN 47715			<b>11 Nonqualified plans</b>		<b>12a See instructions for box 12</b> C   75.00							
			<b>13</b> <table border="0"> <tr> <td>Statutory employee</td> <td>Retirement plan</td> <td>Third-party sick pay</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Statutory employee	Retirement plan	Third-party sick pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>12b</b> W   1200.00	
			Statutory employee	Retirement plan	Third-party sick pay							
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<b>14 Other</b>		<b>12c</b>										
		<b>12d</b>										
<b>15 State</b>		<b>16 State wages, tips, etc.</b>		<b>17 State income tax</b>		<b>18 Local wages, tips, etc.</b>		<b>19 Local income tax</b>		<b>20 Locality name</b>		
IN   0164653643 001		60357.87		1903.15		62083.35		745.00		IN - Co		

Form **W-2** Wage and Tax Statement  
 Copy D – For Employer

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**2023**

Department of the Treasury—Internal Revenue Service  
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