Dept. of the Treasury - Internal Revenue Service

Copy C For EMPLOYEE'S RECORDS (See notice on back of copy 2)

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.

These substitute W-2 Wages and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

by perforation forms, includ	your W-2 are on ns. General inst ing an explanat: 2 are on the oth	tructions fion of the	or these	odes					
REISSUED STATEMENT									
t		2023 OMB NO. 1545-0008			39177.33			2 FEDERAL INCOME TAX WITHHELD 4794.18	
B. EMPLOYER IDENTIFICATION 62-1741830		A. EMPLOYEE'S SOCIAL SECURITY NUMBER  XXX-XX-5826			3 SOCIAL SECURITY WAGES 59281.94			4 SOCIAL SECURITY TAX WITHHELD 3675.48	
C. EMPLOYER'S NAME, ADDRE EXPERIAN HEALTH					5 MEDICARE WAGES AND TIPS 59281.94		6 MEDICARE TAX WITHHELD 859.59		
475 ANTON BLVD COSTA MESA, CA	13 Statute	13 Statutory Retirement Third-Party			7 SOCIAL SECURITY TIPS		8 ALLOCATED TIPS		
		Employee Plan Sick Pay			9			10 DEPENDANT CARE BENEFITS	
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SARANYA ANANTAPALILI						11 NONQUALIFIED PLANS			20104.59
575 W MADISON ST APT 4307 CHICAGO, IL 60661						14 OTHER			27.04
F. EMPLOYEE'S ADDRESS AND 15 STATE EMPLOYER'S ST	ZIPCODE	16 STATE WAGES	TIPS,ETC.	17 STATE INCOM	É TAX	18 LOCAL WAGES, TIPS, ETC.	19 LOCA	L INCOME TAX	20 LOCALITY NAME
IL 6217418			.77.35		37.95	., 1, 210.			
							FOLD A	ND TEAR ALONG	G PERFORATION
D. CONTROL NUMBER	This information is being fu to the Internal Revenue Se	rnished rvice	OMB N	O. 1545-0008	1 WAGES,	TIPS, OTHER COMPENSATION 39177.35		2 FEDERAL INCOM	ME TAX WITHHELD 4794.18
B. EMPLOYER IDENTIFICATION N	NUMBER	1	SOCIAL SECURIT		3 SOCIAL S	ECURITY WAGES		4 SOCIAL SECUR	ITY TAX WITHHELD
62-1741830 C. EMPLOYER'S NAME, ADD	RESS AND ZIP CODE		XX-5826	)	5 MEDICAR	59281.94 E WAGES AND TIPS		6 MEDICARE TAX	3675.48 X WITHHELD
EXPERIAN HEALTH INC						59281.94			859.59
475 ANTON BLVD COSTA MESA, CA 92626									
		RE	ISSUED	STATEMENT	9			10 DEPENDANT CAR	RE BENEFITS
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.  SARANYA ANANTAPALLI  575 W MADISON ST  APT 4307						11 NONQUALIFIED PLANS 14 OTHER			20104.59 27.04
CHICAGO, IL 60661 F. EMPLOYEE'S ADDRESS AND ZIPCODE								13 Statutory Employee	Retirement X Third-Party Sick pay
15 STATE EMPLOYER'S STA		16 STATE WAGES,		17 STATE INCOME		18 LOCAL WAGES, TIPS, ETC.	19 LOCAL	INCOME TAX	20 LOCALITY NAME
Copy 2 To be filed with			L 77.35 L tax return		7.95	l	Dept. of	f the Treasury -	I Internal Revenue Service
FORM W-2 Wage and Tax Statement $20$							FOLD AN	D TEAR ALONG	
D. CONTROL NUMBER	This information is being fu to the Internal Revenue Se	rvice		O. 1545-0008	1 WAGES,	ips, other compensation 39177.35		2 FEDERAL INCOM	4794.18
B. EMPLOYER IDENTIFICATION N 62-1741830			MPLOYEE'S SOCIAL SECURITY NUMBER  XXX-XX-5826		3 SOCIAL SECURITY WAGES 59281.94		4 SOCIAL SECURI	TY TAX WITHHELD 3675.48	
C. EMPLOYER'S NAME, ADD	212121	1111 111 JUZU			5 MEDICARE WAGES AND TIPS		6 MEDICARE TAX	WITHHELD	
EXPERIAN HEALTH INC 475 ANTON BLVD COSTA MESA, CA 92626					59281.94 7 SOCIAL SECURITY TIPS		8 ALLOCATED TIP	859.59 PS	
REISSUED STATEMENT								10 DEPENDANT CAR	RE BENEFITS
E. EMPLOYEE'S FIRST NAME AND		KŁ	エロの○正口	STATEMENT SUFF.	11 NONQUA	IFIED PLANS	<u>(1999) (</u>	<sup>12 a-d</sup> D	20104.59
SARANYA ANANTAPALLI 575 W MADISON ST APT 4307								С	27.04
CHICAGO, IL								13 Statutory Employee	Retirement X Third-Party Sick pay
15 STATE   EMPLOYER'S STA	<b>I</b>	6 STATE WAGES, 39	TIPS,ETC.	17 STATE INCOME 1	7.95	18 LOCAL WAGES, TIPS, ETC.	19 LOCAL	INCOME TAX	20 LOCALITY NAME
Copy 2 To be filed with FORM <b>W-2 Wage</b>	1 2		L tax return	2	023			the Treasury -	Internal Revenue Service PERFORATION
D. CONTROL NUMBER	This information is being fu to the Internal Revenue Se	rnished rvice	OMB N	O. 1545-0008	1 WAGES, 7	ips, other compensation 39177.35		2 FEDERAL INCOM	ME TAX WITHHELD 4.18
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURIT 62-1741830  YYY_YY_5826				3 SOCIAL SECURITY WAGES			4 SOCIAL SECURI	ITY TAX WITHHELD	
XXX XX 3020						59281.94 5 MEDICARE WAGES AND TIPS		6 MEDICARE TAX	3675.48 WITHHELD
EXPERIAN HEALTH INC 475 ANTON BLVD COSTA MESA, CA 92626						59281.94 7 SOCIAL SECURITY TIPS			859.59 PS
		ם בי	תמוומט ד	СТУТЕМЕМТ	9			10 DEPENDANT CAR	RE BENEFITS
						IFIED PLANS		<sup>12 a-d</sup> D	20104.59
SARANYA ANANTAPALLI 575 W MADISON ST APT 4307 CHICAGO II. 60661								С	27.04

Copy B To be filed with Employee's FEDERAL tax return

16 STATE WAGES, TIPS,ETC.

39177.35

FORM W-2 Wage and Tax Statement

2023

1937.95

FOLD AND TEAR ALONG PERFORATION

Dept. of the Treasury - Internal Revenue Service

Retirement X Third-Party Sick pay

**EXPERIAN HEALTH INC** 

**475 ANTON BLVD COSTA MESA, CA 92626** 

## IMPORTANT TAX DOCUMENT ENCLOSED

621741830, ANANTAPALLI, SARANYA,

SARANYA ANANTAPALLI 575 W MADISON ST APT 4307 CHICAGO, IL 60661

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