

Department of the Treasury--Internal Revenue Service

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

OMB No: 1545-0008

Copy B To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

c Employer's name, address, and ZIP code
OLENTANGY LOCAL SCHOOL DISTRIC
7840 GRAPHICS WAY
LEWIS CENTER, OH 43035

e Employee's name, address, and ZIP code
MADHAVI DOMAKUNTLA
891 BLACKMORE DR
DELAWARE, OH 43015

1 Wages, tips, other compensation	3111.23	2 Federal Income tax withheld	1383.00
7 Social security tips	.00	3 Social security wages	.00
8 Allocated tips	.00	5 Medicare wages and tips	3456.92
9		6 Medicare tax withheld	50.12
12a See instruction for box 12		10 Dependent care benefits	.00
12b	.00	11 Nonqualified plans	.00
12c	.00	12d	.00
12d	.00	13 Statutory emp	Retirement plan <input checked="" type="checkbox"/> Third-party sick-pay
b Employer identification number	31-6402332	a Employee's social security no.	036-99-9772
14 Other			.00
			.00
			.00
			.00
OH	51-1644619	3111.23	27.14
15 State	Employer's state ID number	16 State wages, tips, etc	17 State income tax
			.00
		3456.92	63.95
		18 Local wages, tips, etc	19 Local income tax
			DELAW CI
			20 Locality name

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

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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.

Department of the Treasury--Internal Revenue Service

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