

Copy B - To Be Filed With Employee's FEDERAL Tax Return.		OMB No. 1545-0008	
a Employee's soc. sec. no. 488-97-4580	1 Wages, tips, other comp. 58318.07	2 Federal income tax withheld 5623.28	
b Employer ID number (EIN) 35-1835818	3 Social security wages 62397.17	4 Social security tax withheld 3868.62	
	5 Medicare wages and tips 62397.17	6 Medicare tax withheld 904.76	
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 Keerthana Rangasamy 309 Coventry Close Apt 201 Chesapeake, VA 23320			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 C	8.58
13 Statutory employee	14 Other	12b Code D	4079.10
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
VA 30351835818F001	58318.07	2635.76	
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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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

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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