

Copy B—To Be Filed With Employee's FEDERAL Tax Return.			OMB No. 1545-0008		
a Employee's soc. sec. no. 836095517	1 Wages, tips, other comp. 92184.68	2 Federal income tax withheld 12541.16	b Employer ID number (EIN) 263050385	3 Social security wages 19844.90	4 Social security tax withheld 1230.38
c Employer's name, address, and ZIP code Verana Health, Inc. 360 3rd St. #425 San Francisco, CA 94107			d Control number 452719		
e Employee's name, address, and ZIP code Suff. Praneetha Gouni 14201 N INTERSTATE 35 Apt 5202 PFLUGERVILLE, TX 78660					
7 Social security tips	8 Allocated tips	9	10 Dependent care benefits	11 Nonqualified plans	12a code See inst. for box 12 D 9552.12
13 Statutory employee	14 Other		12b code DD 6798.72	12c code W 2400.00	
Retirement plan X	Third-party sick pay		12d code		
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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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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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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