

a Employee's SSN 850-67-6147		b Employer identification number (EIN) 27-4514978			OMB No. 1545-0008	
c Employer's name, address, and ZIP code RIVERTON PHARMACY INC 2085 LEXINGTON AVE NEW YORK NY 10035		1 Wgs, tips, other compn 87389.98	2 Fed inc tax withheld 11756.80	3 Social security wages 88486.28		
		4 SS tax withheld 5486.15	5 Medicare wages & tips 88486.28	6 Medicare tax withheld 1283.05		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a D 1096.30		
e Employee's name, address, and ZIP code SUDHAKAR R TATIPARTHI 33 ROMAINE AVE FLOOR 2 JERSEY CITY NJ 07306		13 Statutory employee. <input type="checkbox"/> Retirement plan . . <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other NY-SDI 31.20 NY-FLI 399.43	12b AA 503.53		
				12c		
				12d		
				12e		
15 State NY	Employer's state ID number 274514978	16 State wages, tips, etc 87389.98	17 State income tax 4125.41	18 Local wages, tips, etc	19 Local income tax	20 Locality name

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

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

REV 12/19/23 QBDT

Department of the Treasury — IRS

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

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

REV 12/19/23 QBDT

a Employee's SSN 850-67-6147		b Employer identification number (EIN) 27-4514978			OMB No. 1545-0008	
c Employer's name, address, and ZIP code RIVERTON PHARMACY INC 2085 LEXINGTON AVE NEW YORK NY 10035		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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Form **W-2**
Wage and Tax Statement
2023

Copy C For EMPLOYEE'S RECORDS.
(See Notice to Employee.)