Visit www.irs.gov for e-file details. W-2 AND WAGE SUMMARY

© CERIDIAN

FOLD AND TEAR ALONG PERFORATION

C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE							5 MEDICARE WAGES AND TIPS			6 MEDICARE TAX WITHHELD	
MY HEALTH DIRECT INC							50786.72			736.41	
SUITE 200							7 SOCIAL SECURITY TIPS			8 ALLOCATED TIPS	
720 COOL SPRINGS BOULEVARD FRANKLIN, TN 37067-7256							9			10 DEPENDANT CARE BENEFITS	
INA		N 57007-72		ISSUED	STATEMENT						
E. EMPLOY	EE'S FIRST NAME AND	DINITIAL LAST NA			11 NONQU/	ALIFIED PLANS	a.oso0000000	^{12 a-d} D	3456.38		
KRISHNASWARUPA SANNAREDDY									W	799.92	
614 MOORES CT						14 OTHER		C	26.95		
BRE	NTWOOD,	I'N 37027							DD	14385.36	
	EE'S ADDRESS AND 7								13 Statutory Employee	Retirement X Third-Party Plan X Sick pay	
F. EMPLOYEE'S ADDRESS AND ZIPCODE 15 STATE EMPLOYER'S STATE I.D. NO. 16 STATE WAGES, TIPS,ETC. 17 STATE INCOME T/						TAX	18 LOCAL WAGES, TIPS, ETC.	19 LOCAL	INCOME TAX	20 LOCALITY NAME	
Copy 2	To be filed with	Employee's STAT	E, CITY or LOCA	L tax return				Dept. o	f the Treasury	- Internal Revenue Service	
		and Tax Stat			20	023		FOLD AN	D TEAR ALONG	PERFORATION	
D. CONTRO	LNUMBER	This information is bein				1 WAGES , TIPS, OTHER COMPENSATION			2 FEDERAL INCOME TAX WITHHELD		
		to the Internal Revenue			IO. 1545-0008		47330.34			5048.48	
	R IDENTIFICATION NU	JMBER	A. EMPLOYEE'S			3 SOCIAL S	ECURITY WAGES		4 SOCIAL SECUR	ITY TAX WITHHELD 3148.78	
-		ESS AND ZIP CODE	XXX-	XX-618	2	5 MEDICAR	50786.72 EDICARE WAGES AND TIPS 6 MEDICAI			SI40.70	
мv	ת שדאד.ידש ה	IRECT INC							736.41		
	TE 200	INECI INC				50786.72 7 SOCIAL SECURITY TIPS			8 ALLOCATED TIPS		
		RINGS BOUL	EVARD								
FRA	NKLIN, T	N 37067-72	56			9			10 DEPENDANT CA	RE BENEFITS	
				ISSUED	STATEMENT						
	EE'S FIRST NAME AND	INITIAL LAST NAI			SUFF.	11 NONQUA	LIFIED PLANS		^{12 a-d} D	3456.38	
	MOORES (14 OTHER			W	799.92	
	NTWOOD, I								C 26.95 DD 14385.36		
									13 Statutory	14385.36 Retirement Third-Party	
F. EMPLOYEE'S ADDRESS AND ZIPCODE								_	Employee	Plan X Third-Party Sick pay	
15 STATE EMPLOYER'S STATE I.D. NO. 16 STATE WAGES, TIPS, ETC. 17 STATE INCOME T			AX	18 LOCAL WAGES, TIPS, ETC.	19 LOCAL	INCOME TAX	20 LOCALITY NAME				
Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return 2023											
		and Tax Stat			<u>ک</u>	023					
	j -							FOLD AN	ID TEAR ALONG	PERFORATION	
D. CONTROL NUMBER This information is being furnished					1 WAGES , TIPS, OTHER COMPENSATION			2 FEDERAL INCOME TAX WITHHELD			
		to the Internal Revenue		OMB N	O. 1545-0008		47330.34			5048.48	
		JMBER	A. EMPLOYEE'S	SOCIAL SECURI	TY NUMBER	3 SOCIAL S	ECURITY WAGES		4 SOCIAL SECUR	ITY TAX WITHHELD	
-	4467577	ESS AND ZIP CODE	XXX-2	XX-6182	2	6 MEDICAR	50786.72 E WAGES AND TIPS		6 MEDICARE TAX	3148.78	
						5 MEDICAR			6 MEDICARE TA		
		IRECT INC				50786.72 7 SOCIAL SECURITY TIPS			736.41 8 ALLOCATED TIPS		
	TE 200	PINGS BOUL	FVAPD			7 SOCIAL S	ECORITI IPS		6 ALLOGATED II		
720 COOL SPRINGS BOULEVARD 9 FRANKLIN, TN 37067-7256 9										RE BENEFITS	
REISSUED STATEMENT											
										3456.38	
KRISHNASWARUPA SANNAREDDY									W	799.92	
614 MOORES CT							14 OTHER			26.95	
BRENTWOOD, TN 37027									DD	14385.36	
									13 Statutory Employee	Retirement X Third-Party Plan X Sick pay	
F. EMPLOY 15 STATE	EE'S ADDRESS AND Z EMPLOYER'S STAT		16 STATE WAGES, T	IPS.ETC.	17 STATE INCOME T	AX	18 LOCAL WAGES, TIPS, ETC.	19 LOCAI	INCOME TAX	Plan X Sick pay 20 LOCALITY NAME	
		-									
	T. I 69 J				1			Dept. of	the Treasurv	I - Internal Revenue Service	
Copy B To be filed with Employee's FEDERAL tax return 2023											
FURM	FORM W-2 Wage and Tax Statement										

Copy C FOI EMPLOYEE S RECORDS (See notice of back	imposed on you if this inco	ome is taxable and you fail to rep
These substitute W-2 Wages and Tax Statements are acceptable If you worked in multiple locations, or had several forms of special of		
All copies of your W-2 are on this page, separated by perforations. General instructions for these forms, including an explanation of the letter codes used in box 12 are on the other side of the page. REISSUED STATEMENT		
D. CONTROL NUMBER This information is being furnished	1 WAGES, TIPS, OTHER COMPENSATION	2 FEDERAL INCOME TAX WITHHELD

2023 OMB NO. 1545-0008

Retirement Plan

X

OMB NO. 1545-0008

A. EMPLOYEE'S SOCIAL SECURITY NUMBER

XXX-XX-6182

XXX-XX-6182

Statutory Employee

16 STATE WAGES, TIPS, ETC.

OCIAL SECURITY NUMBER

Third-Party Sick Pay

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SUF

17 STATE INCOME TAX

FORM W-2 Wage and Tax Statement

This information is being furnished to the Internal Revenue Service

This information is being furnished to the Internal Revenue Service

20-4467577 C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE

MY HEALTH DIRECT INC SUITE 200 720 COOL SPRINGS BOULEVARD FRANKLIN, TN 37067-7256

614 MOORES CT BRENTWOOD, TN 37027

F. EMPLOYEE'S ADDRESS AND ZIPCODE 15 STATE EMPLOYER'S STATE I.D. NO.

CONTROL NUMBER

EMPLOYER IDENTIFICATION I 20-4467577

EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME KRISHNASWARUPA SANNAREDDY

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

Dept. of the Treasury - Internal Revenue Service

5048.48

3148.78

736.41

20 LOCALITY NAME

ERFORATION

5048.48

3148.78

3456.38

799.92

26.95 14385.36

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.

MEDICARE

D

W

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19 LOCAL INCOME TAX

OLD AND TEAR ALONG

DD

DEPENDANT CARE BENEFITS

FEDERAL INCOME TAX WITHHELD

47330.34

50786.72

50786.72 S AND TIPS

18 LOCAL WAGES, TIPS, ETC.

47330.34

50786.72

TIPS, OTHER COMPENSATION

MEDICA

14 OTHER

WAGES

MY HEALTH DIRECT INC

SUITE 200 720 COOL SPRINGS BOULEVARD FRANKLIN, TN 37067-7256

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> KRISHNASWARUPA SANNAREDDY 614 MOORES CT BRENTWOOD, TN 37027

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