	_							
Form W-2 Wage and Tax Statemen	t 2023		7 Social security tips		1 Wages, tips, other com	_{p.} L845 . 18		come tax withheld 8982.91
c Employer's name, address, and ZIP code ERLANGER HEALTH 975 EAST THIRD STREET CHATTANOOGA TN 37403			8 Allocated tips		3 Social security wages 107928.08		4 Social security tax withheld 6691.54	
			9		5 Medicare wages and ti	os 7928.08	6 Medicare	tax withheld 1564.96
			10 Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12 78.00	
e Employee's name, address, and ZIP code		Suff.	13 Statutory Retirement Third sick	d-party pay	14 Other		12b	6082.90
DAMODHAR MACHERLA 9768 HAVEN PORT LN OOLTEWAH TN 37363			b Employer identification number (EIN) 88-3616696 a Employee's social security no. 495-23-7059		EHSF 20.00		12c	
							12d	21331.18
15 State Employer's state ID no.	16 State wages, tips, etc.		17 State income tax	18 Loc	al wages, tips, etc.	19 Local inc	ome tax	20 Locality name
Copy B To Be Filed With Employee's FEDERAL 1	ax Return		This information is being fumished		Internal Revenue Service. IB No. 1545-0008			t. of the Treasury - IRS eb Site at www.irs.gov/efile
	Г		7 Casial assumity time				1	ou are required to file a tax return, a come is taxable and you fail to report in come tax withheld
Form W-2 Wage and Tax Statement	t 2023		7 Social security tips			_{р.} L845.18		8982.91
c Employer's name, address, and ZIP code ERLANGER HEALTH 975 EAST THIRD STREET			8 Allocated tips		3 Social security wages 107928.08		4 Social security tax withheld 6691.54	
			9		5 Medicare wages and tips 107928.08		6 Medicare tax withheld 1564.96	
CHATTANOOGA TN 37403			10 Dependent care benefits		11 Nonqualified plans		12a See inst	tructions for box 12 78.00
e Employee's name, address, and ZIP code		Suff.	13 Statutory Retirement Third sick	d-party pay	14 Other		12b	6082.90
DAMODHAR MACHERLA 9768 HAVEN PORT LN			b Employer identification number 10.00 and 10.00 feet	ber (EIN)	EHSF	20.00	12c	
OOLTEWAH TN 37363			88-3616696 a Employee's social security n	0.			12d	21331.18
			495-23-7059				Ode	
15 State Employer's state ID no.	16 State wages, tips, etc.		17 State income tax	18 Loc	al wages, tips, etc.	19 Local ince	ome tax	20 Locality name
Copy C For EMPLOYEE'S RECORDS (See Notice	to Employee on book	of Co	any P)	0.1	1B No. 1545-0008		Dant	of the Treasury - IRS
Form W-2 Wage and Tax Statement 2023 c Employer's name, address, and ZIP code ERLANGER HEALTH			7 Social security tips		1 Wages, tips, other comp. 101845.18		2 Federal income tax withheld 8982.91	
			8 Allocated tips		3 Social security wages 107928.08		4 Social security tax withheld	
975 EAST THIRD STREET			9		5 Medicare wages and tips 107928.08		6 Medicare tax withheld	
CHATTANOOGA TN 37403			10 Dependent care benefits		11 Nonqualified plans	7928.08	12a	1564.96
e Employee's name, address, and ZIP code		Suff.	13 Statutory Retirement Third employee plan sick	d-party pay	14 Other		⁸ C 12b	78.00
DAMODHAR MACHERLA			b Employer identification number	ber (EIN)	EHSF	20.00	∯ E 12c	6082.90
9768 HAVEN PORT LN OOLTEWAH TN 37363			88-3616696 a Employee's social security n				g DD	21331.18
			495-23-7059	· · · · · · · · · · · · · · · · · · ·			Code	
15 State Employer's state ID no.	16 State wages, tips, etc.		17 State income tax	18 Loc	al wages, tips, etc.	19 Local inc	ome tax	20 Locality name
Copy 2 To Be Filed With Employee's State, City,	or Local Income Tax	Returr	1	OM	1B No. 1545-0008		Dept	t. of the Treasury - IRS
Form W-2 Wage and Tax Statemen	t 2023 (7 Social security tips		1 Wages, tips, other com	p. 1845 . 18		come tax withheld 8982.91
c Employer's name, address, and ZIP code ERLANGER HEALTH		8 Allocated tips 9		3 Social security wages 107928.08 5 Medicare wages and tips 107928.08		4 Social security tax withheld 6691.54		
975 EAST THIRD STREET						6 Medicare	tax withheld	
CHATTANOOGA TN 37403			10 Dependent care benefits		11 Nonqualified plans	1928.08	12a	1564.96
e Employee's name, address, and ZIP code		Suff.	13 Statutory Retirement Third employee plan sick	d-party pay	14 Other		§ C 12b	78.00
DAMODHAR MACHERLA			b Employer identification number		EHSF	20.00	E 12c	6082.90
9768 HAVEN PORT LN OOLTEWAH TN 37363			88-3616696 a Employee's social security n				© DD 12d	21331.18
OOTIEMWII III 2/202			495-23-7059	υ.			C O d e	
15 State Employer's state ID no.	16 State wages, tips, etc.		17 State income tax	18 Loc	al wages, tips, etc.	19 Local inc	ome tax	20 Locality name
	<u> </u>							·
Copy 2 To Be Filed With Employee's State, City,	or Local Income Tax	Return	L87	OM	1B No. 1545-0008	5206	Dept.	. of the Treasury - IRS