

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

c Employer's name, address, and ZIP code

ERLANGER HEALTH
975 EAST THIRD STREET
CHATTANOOGA TN 37403

e Employee's name, address, and ZIP code

DAMODHAR MACHERLA
9768 HAVEN PORT LN
OOLTEWAH TN 37363

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 6691.54
9	5 Medicare wages and tips 107928.08	6 Medicare tax withheld 1564.96
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 78.00
13 Statutory employee Retirement plan Third-party sick pay	14 Other EHSF 20.00	12b E 6082.90
b Employer identification number (EIN) 88-3616696		12c DD 21331.18
a Employee's social security no. 495-23-7059		12d
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax
	18 Local wages, tips, etc.	19 Local income tax
		20 Locality name

Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.
OMB No. 1545-0008

Dept. of the Treasury - IRS
Visit the IRS Web Site at www.irs.gov/efile

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.

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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

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

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