

Copy B-To Be Filed With Payee's FEDERAL Tax Return.		Tax Year 2023 OMB No. 1545-0008	
a. Payee's social security number XXX-XX-2230	1 Wages, tips, other compensation 143,269.96	2 Federal income tax withheld 19,915.12	
b. Payor ID number 91-1983600	3 Social security wages 153,973.25	4 Social security tax withheld 9,546.34	
d. Control number	5 Medicare wages and tips 153,973.25	6 Medicare tax withheld 2,232.61	
7 Social security tips	8 Allocated tips		
c. Payor's name, address, and ZIP code T-MOBILE USA INC 12920 SE 38TH STREET BELLEVUE, WA 98006			
e. Payee's name, address, and ZIP code LATHA CHANDRAN 414 210TH ST SE BOTHHELL, WA 98021			
10 Dependent care benefits	11 Nonqualified plans	See instructions for box 12	
13 Statutory payee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other RSU 7,712.25	12a C	179.74
		12b D	10,703.29
		12c	
		12d	
		12e	
		12f	
15 State/Payor's state ID WA	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 Department of the Treasury - Internal Revenue Service
This information is being furnished to the Internal Revenue Service.

Copy 2-To Be Filed With Payee's State, City, or Local Income Tax Return.			Tax Year 2023 OMB No. 1545-0008	
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Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

Copy C-For PAYEE'S RECORDS. (see Notice to Payee on back of Copy B.)		Tax Year 2023 OMB No. 1545-0008	
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Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
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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