

d Control number 116981	1 Wages, tips, other compensation 46021.57	2 Federal income tax withheld 5067.62
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address and ZIP code
PRIME HEALTHCARE MANAGEMENT
 3300 EAST GUASTI
 ONTARIO CA 91761

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 12.07
12b D 1643.56	12c	12d

b Employer identification number (EIN) 20-3952701
 a Employee's social security number 017-15-8012

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other SDI C 429.00
	X		

e Employee's name, address and ZIP code
VARUN CHAKRAVAR AMBATI
 941 DAHLIA AVE
 COSTA MESA CA 92626

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.

2023 Form **W-2 Wage and Tax Statement**
 Copy C For EMPLOYEE'S RECORDS
 (See Notice to Employee on back of Copy B.)

15 State Employer's state I.D. No. CA 032-9549-0	16 State wages, tips, etc. 46021.57
17 State income tax 2045.31	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

d Control number 116981	1 Wages, tips, other compensation 46021.57	2 Federal income tax withheld 5067.62
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PRIME HEALTHCARE MANAGEMENT
 3300 EAST GUASTI
 ONTARIO CA 91761

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	X		

e Employee's name, address and ZIP code
VARUN CHAKRAVAR AMBATI
 941 DAHLIA AVE
 COSTA MESA CA 92626

2023 Form **W-2 Wage and Tax Statement**
 Copy B To Be Filed With Employee's FEDERAL Tax Return

15 State Employer's state I.D. No. CA 032-9549-0	16 State wages, tips, etc. 46021.57
17 State income tax 2045.31	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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PRIME HEALTHCARE MANAGEMENT
 3300 EAST GUASTI
 ONTARIO CA 91761

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	X		

e Employee's name, address and ZIP code
VARUN CHAKRAVAR AMBATI
 941 DAHLIA AVE
 COSTA MESA CA 92626

2023 Form **W-2 Wage and Tax Statement**
 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

15 State Employer's state I.D. No. CA 032-9549-0	16 State wages, tips, etc. 46021.57
17 State income tax 2045.31	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

d Control number 116981	1 Wages, tips, other compensation 46021.57	2 Federal income tax withheld 5067.62
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PRIME HEALTHCARE MANAGEMENT
 3300 EAST GUASTI
 ONTARIO CA 91761

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	X		

e Employee's name, address and ZIP code
VARUN CHAKRAVAR AMBATI
 941 DAHLIA AVE
 COSTA MESA CA 92626

2023 Form **W-2 Wage and Tax Statement**
 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

15 State Employer's state I.D. No. CA 032-9549-0	16 State wages, tips, etc. 46021.57
17 State income tax 2045.31	18 Local wages, tips, etc.
19 Local income tax	20 Locality name