2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement for employee s records. Control number Employer use only Dept. 0000001240 7BR 100055 DNMQ ES 1375 c Employer's name, address, and ZIP code US ANESTHESIA PARTNERS INC 12222 MERIT DR **STE 700** DALLAS, TX 75251-2237 e/f Employee's name, address, and ZIP code ARCHANA GOVINDA 727 CAMERON CT COPPELL, TX 75019 b Employer's FED ID number a Employee's SSA number
XXX-XX-6858
2 Federal income tax withheld 46-0872971 Wages, tips, other comp 4184.79 43677.60 3 Social security wages 4 Social security tax withheld 45027.66 2791.71 5 Medicare wages and tips 6 Medicare tax withheld 45027.66 652.90 Social security tips 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 C | 27.50 12b D | 1350.06 11 Nonqualified plans 12b D 14 Other 12c 12d | 13 Stat emp. 15 State Employer's state ID no. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc.

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY 45,027.66 SOCIAL SECURITY 2,791.71 TAX WITHHELD BOX 04 OF W-2 FED. INCOME 4,184.79 MEDICARE TAX 652.90 TAX WITHHELD WITHHELD BOX 02 OF W-2 BOX 06 OF W-2 0.00 STATE INCOME TAX 0.00 SUI/SDI BOX 14 OF W-2 BOX 17 OF W-2 LOCAL INCOME TAX 0.00 BOX 19 OF W-2

> To change your employee W-4 profile information file a new W-4 with your payroll department

> > Social Security Number: XXX-XX-6858

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

Corp.

DNMQ

4184.79

2791.71

652.90

Employer use only

ES 1375

ARCHANA GOVINDA 727 CAMERON CT COPPELL, TX 75019

43677.60

45027.66

45027.66

Fold and Detach Here



1 Wages, tips, other comp

3 Social security wages

Control number

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5 Medicare wages and tips

43677.60

45027.66

45027.66

Dept

100055

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1 Wages, tips, other comp

3 Social security wages

5 Medicare wages and tips

Control number Dept.

PAGE 1 OF 1

4184.79

2791.71

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Employer use only

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

Corp.

43677.60		4184.79							
Social security wages 45027.66		4 Social security tax withheld 2791.71							
Medicare wages and tips 45027.66		6 Medicare tax withheld 652.90							
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c Employer's name, addr	ess, ar	and ZIP code							
12222 MERIT DR STE 700 DALLAS, TX 75251-2237									
b Employer's FED ID no 46-0872971	ımber		XXX-X	A number X-6858					
7 Social security tips		8 Allocated tips							
q		10 Dependent care benefits							
11 Nonqualified plans		C	struction	s for box 12 27.50					
14 Other		^{12b} D		1350.06					
	1	12c							
	ŀ	12d							
			X	ard party sick pay					
e/f Employee's name, ad-	dress a	and ZIP o	ode						

20 Locality name

2 Federal income tax withheld

19 Local income tax

Wages, tips, other comp.

ARCHANA GOVINDA 727 CAMERON CT COPPELL, TX 75019

17 State income tax

19 Local income tax

15 State Employer's state ID no. 16 State wages, tips, etc.

Federal Filing Copy Wage and Tax

Statement

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000000	1240 7BR	100055	DNMQ	ES	1375	5		
c Employer's name, address, and ZIP code								
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	yer's FED ID 46-087297	number 1	a Employee's SSA number XXX-XX-6858					
7 Social	security tips		8 Allocated tips					
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			12c					
			12d					
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	oyee's name,		and ZIP of	ode				
ARCHANA GOVINDA								
727 CAMERON CT COPPELL, TX 75019								
15 State	Employer's s	tate ID no.	16 State	wages, t	ips, etc.			
17 State	income tax		18 Local	wages,	tips, etc.			

	US ANESTHESIA PAR 12222 MERIT DR STE 700 DALLAS, TX 75251-22	TNERS					
	b Employer's FED ID number 46-0872971	a Employee's SSA number XXX-XX-6858					
	7 Social security tips	8 Allocated tips					
	9	10 Dependent care be		re benefits			
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	14 Other	^{12b} D		1350.06			
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		12d					
		13 Stat en	np. Ret. plan	3rd party sick pay			
	e/f Employee's name, address	and ZIP	code	•			
	ARCHANA GOVINDA						
	727 CAMERON CT						
I HEHE	COPPELL, TX 75019						
WIND DELACT	15 State Employer's state ID no.	. 16 State	wages,	tips, etc.			
	17 State income tax	18 Loca	ıl wages,	tips, etc.			
25	19 Local income tax	20 Loca	ality name				
	City or Local	Filina	Copy				

18 Local wages, tips, etc.

20 Locality name

Wage and Tax Statement

State Filing Copy

19 Local income tax

with employee's State Income Tax Return.

Wage and Tax Statement be filed with employee's City or Local Income Tax