2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Employer use only 0000074829 NKD CDG0 C S 24391

c Employer's name, address, and ZIP code **BON SECOURS MERCY HEALTH INC** 1701 MERCY HEALTH PLACE **CINCINNATI, OH 45237**

e/f Employee's name, address, and ZIP code SANJANA IDDYADINESH 39904 S. HWY 14 GREENVILLE, SC 29615

b Employer's FED ID number 52-1301088	a Employee's SSA number XXX-XX-0420
1 Wages, tips, other comp.	2 Federal income tax withheld
241113.09	51343.54
3 Social security wages	4 Social security tax withheld
160200.00	9932.40
5 Medicare wages and tips	6 Medicare tax withheld
252715.29	4138.81
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 472.63
14 Other	12b E 11602.20
	12c DD 20284.11
	12d
	13 Stat emp. Ret, plan 3rd party sick pay
15 State Employer's state ID no	o. 16 State wages, tips, etc.
SC 25263712 4	241113.09
17 State income tax 14340.92	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

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

Social Security Number: XXX-XX-0420

SANJANA IDDYADINESH 39904 S. HWY 14 GREENVILLE, SC 29615



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PAGE 1 OF 1

	Wages, tips, other comp. 241113.09		2 Federal income tax withheld 51343.54		
Social security wages 160200.00		4 Social security tax withheld 9932.40			
	Medicare wages and tips 252715.29		re tax withheld 4138.81		
d Control number	Dept.	Corp.	Employer use only		
0000074829 NKD		CDG0	C S 24391		

c Employer's name, address, and ZIP code **BON SECOURS MERCY HEALTH INC**

1701 MERCY HEALTH PLACE CINCINNATI, OH 45237

b Employer's FED ID num 52-1301088	ber a Employee's SSA number XXX-XX-0420
7 Social security tips	8 Allocated tips
Q	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 472.63
14 Other	^{12b} E 11602.20
	^{12c} DD 20284.11
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, addre	ess and ZIP code

SANJANA IDDYADINESH 39904 S. HWY 14 GREENVILLE, SC 29615

15 State SC	Employer's state ID no. 25263712 4	16	State wages, tips, etc. 241113.09	
17 State	income tax 14340.92	18	Local wages, tips, etc.	
19 Local	income tax	20	Locality name	

Federal Filing Copy Wage and Tax Statement OMB No. 1545-0008 B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 241113.09 3 Social security wages 160200.00 5 Medicare wages and tips 252715.29		2 Federal income tax withheld 51343.54 4 Social security tax withheld 9932.40		
		-	ontrol number 0074829 NKD	Dept.

Fold and Detach Here

BON SECOURS MERCY HEALTH INC 1701 MERCY HEALTH PLACE CINCINNATI, OH 45237

b Employer's FED ID 1 52-1301088	number a Empl	oyee's SS/ XXX-X	A number X-0420
7 Social security tips	8 Alloc	ated tips	
	10 Dep	endent care	e benefits
11 Nonqualified plans	12a		
	C		472.63
14 Other	12bE	ĺ	11602.20
	12c DD	1	20284.11
	12d	I	
	13Stat en	np. Ret. plan 3	3rd party sick pay
e/f Employee's name, a	ddress and ZIP	code	

SANJANA IDDYADINESH 39904 S. HWY 14 GREENVILLE, SC 29615

15 State SC	Employer's state ID no. 25263712 4	16	State wages, tips, etc. 241113.09
17 State	income tax 14340.92	18	Local wages, tips, etc.
10 1 0001	income tax	20	Locality name

State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 241113.09 3 Social security wages 160200.00 5 Medicare wages and tips 252715.29		2 Federal income tax withheld 51343.54 4 Social security tax withheld 9932.40		
		Dept.	Corp.	Employer use only
	CDG0	C S 24391		
	i.09 is i.00 tips i.29	8.09 8s 4 Social 9.00 1tips 6 Medica 9.29 1 Dept. Corp.		

BON SECOURS MERCY HEALTH INC 1701 MERCY HEALTH PLACE CINCINNATI, OH 45237

b Er	nployer's FED ID numb 52-1301088	er a Employ	ee's SS XXX-X	A number X-0420	
7 So	cial security tips	8 Allocat	8 Allocated tips		
9		10 Deper	dent car	e benefits	
11 N	onqualified plans	12a C	-	472.63	
14 0	14 Other	^{12b} E		11602.20	
		12c DD		20284.11	
		12d			
		13 Stat emp	Ret, plan	3rd party sick pay	

e/f Employee's name, address and ZIP code

SANJANA IDDYADINESH 39904 S. HWY 14 GREENVILLE, SC 29615

	Employer's state ID no. 25263712 4	. 16 State wages, tips, etc. 241113.09
17 State	income tax 14340.92	18 Local wages, tips, etc.
19 Loca	I income tax	20 Locality name

City or Local Filing Cop Wage and Tax Statement

Copy 2 to be filed with employee's City or Local In