

<p>To the right is information which shows your total wages by W-2 box and the amount of any deferred compensation and/or other pretax deductions that were subtracted from total wages to arrive at your W-2 wages.</p> <p>General instructions for these forms, including an explanation of the letter codes used in box 12, are available on a separate document.</p>	Federal Box 1	Soc. Sec. Box 3 & 7	Medicare Box 5	
	Gross Wages	125568.26	125568.26	125568.26
	Txbl Benefits			
	Group Term Life	144.90	144.90	144.90
	Adoption			
	Deferred Comp Section 125	(14817.08) (716.91)	(716.91)	(716.91)
	Other Pretax/Wage Limit		(124996.25)	(124996.25)
W-2 Wages	110179.17			

a Employee's social security number 288-57-5384		b Employer identification number (EIN) 06-1506026		d Control number 000944174101		OMB No. 1545-0008	
c Employer's name, address, and ZIP code  IQVIA INC 1510 Valley Center Pkwy Ste 130 Ste 130 Bethlehem PA 18017				1 Wages, tips, other compensation 110179.17		2 Federal income tax withheld 16774.33	
				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
e Employee's first name and initial Geetha Malika 13535 Lyndhurst St Apt 18306 Austin TX 78717 USA				9		10 Dependent care benefits	
				11 Nonqualified plans		12a See instructions for box 12 Code C 144.90	
f Employee's address and ZIP code				12b Code D 14817.08		12c Code DD 7277.95	
15 State NC		Employer's state ID Number 600167431		16 State wages, tips, etc. 42031.36		17 State income tax 1806.00	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name		14 Other	
						12d Code	

Form W-2 Wage and Tax Statement  
Copy C—For EMPLOYEE'S RECORDS

2023

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.

a Employee's social security number 288-57-5384		b Employer identification number (EIN) 06-1506026		d Control number 000944174101		OMB No. 1545-0008	
c Employer's name, address, and ZIP code  IQVIA INC 1510 Valley Center Pkwy Ste 130 Ste 130 Bethlehem PA 18017				1 Wages, tips, other compensation 110179.17		2 Federal income tax withheld 16774.33	
				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
e Employee's first name and initial Geetha Malika 13535 Lyndhurst St Apt 18306 Austin TX 78717 USA				9		10 Dependent care benefits	
				11 Nonqualified plans		12a See instructions for box 12 Code C 144.90	
f Employee's address and ZIP code				12b Code D 14817.08		12c Code DD 7277.95	
15 State NC		Employer's state ID Number 600167431		16 State wages, tips, etc. 42031.36		17 State income tax 1806.00	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name		14 Other	
						12d Code	

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

2023

Department of the Treasury - Internal Revenue Service

a Employee's social security number 288-57-5384		b Employer identification number (EIN) 06-1506026		d Control number 000944174101		OMB No. 1545-0008	
c Employer's name, address, and ZIP code  IQVIA INC 1510 Valley Center Pkwy Ste 130				1 Wages, tips, other compensation 110179.17		2 Federal income tax withheld 16774.33	
				3 Social security wages		4 Social security tax withheld	

Ste 130 Bethlehem PA 18017				5 Medicare wages and tips		6 Medicare tax withheld	
e Employee's first name and initial Geetha Malika 13535 Lyndhurst St Apt 18306 Austin TX 78717 USA		Last name Nallamotu		Suff.		7 Social security tips	
f Employee's address and ZIP code				9		10 Dependent care benefits	
15 State		Employer's state ID Number		16 State wages, tips, etc.		17 State income tax	
NC		600167431		42031.36		1806.00	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name		13 Statutory Retirement Third-party employee plan sick Pay	
						<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
						12a See instructions for box 12 Code C 144.90	
						12b Code D 14817.08	
						12c Code DD 7277.95	
						12d Code	

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

2023

Department of the Treasury - Internal Revenue Service