

Form **W-2** Wage and Tax Statement

2023

24773
OMB No. 1545-0008

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

c Employer's name, address, and ZIP code The Mount Sinai Hospital One Gustave Levy Place New York NY 10029		7 Social security tips	1 Wages, tips, other compensation 38066.99	2 Federal income tax withheld 5096.98
e Employee's name, address, and ZIP code FNU SOHRAB SINGH 756 MYRTLE AVENUE APT 4K NEW YORK NY 11206		8 Allocated tips	3 Social security wages 38066.99	4 Social security tax withheld 2360.15
NY 131624096		9 Verification code	5 Medicare wages and tips 38066.99	6 Medicare tax withheld 551.97
15 State Employer's state ID number		12a See instructions for box 12 C 15.18	10 Dependent care benefits	11 Nonqualified plans
16 State wages, tips, etc. 38066.99		12b DD 3333.88	13 Statutory emp Retirement plan Third-party sick pay	14 Other
17 State income tax 1855.31		b Employer identification number (EIN) 13-1624096	a Employee's social security number 800-21-7178	
18 Local wages, tips, etc. 38066.99		*Box 10-The instructions have been updated to remove the \$5,000 limit. It's been revised to advise of the increase to \$10,500 or \$5,250 for Married filing separately if the employer timely amends the plan.		19 Local income tax 1394.41
20 Locality name New York				

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Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

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18 Local wages, tips, etc. 38066.99		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.		19 Local income tax 1394.41
20 Locality name New York				

Form **W-2** Wage and Tax Statement

2023

OMB No. 1545-0008

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

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