

<b>b</b> Employer identification number (EIN)		94-1648752		<b>12a</b> See instructions for Box 12 DD 662.22		<b>1</b> Wages, tips, other compensation 30573.77		<b>2</b> Federal income tax withheld 3792.54	
<b>c</b> Employer's name, address, and ZIP code				<b>12b</b>		<b>3</b> Social security wages		<b>4</b> Social security tax withheld	
ROBERT HALF INC. A ROBERT HALF COMPANY 2613 CAMINO RAMON SAN RAMON, CA 94583				<b>12c</b>		<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld	
				<b>12d</b>		<b>7</b> Social security tips		<b>8</b> Allocated tips	
				<b>12e</b>		<b>9</b>		<b>10</b> Dependent care benefits	
<b>ef</b> Employee's name, address, and ZIP code				This information is being furnished to the Internal Revenue Service		<b>11</b> Nonqualified plans		<b>13</b> Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SHRUTIKA RUDRAWAR APT D10H 3333 BROADWAY NEW YORK, NY 10031-8709				Copy B—To Be Filed With Employee's FEDERAL Tax Return		<b>14</b> Other NY SDI 12.00 NY PFL 139.11			
<b>REISSUED STATEMENT</b> Import Code: AGXX5SR2				<b>a</b> Employee's social security number ***-**-3213					
<b>15</b> State	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name				
NY	9416487526	30573.77	1481.94	30573.77	1096.97	NEW YORK			
Form <b>W-2 Wage and Tax Statement 2023</b> Department of the Treasury-Internal Revenue Service OMB # 1545-0008 <b>Copy B—To Be Filed With Employee's FEDERAL Tax Return</b>									

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