

Form **W-2 Wage and Tax Statement** **2023** OMB No. 1545-0008 Department of the Treasury—Internal Revenue Service

Copy 2 - To Be Filed With Employee's FEDERAL Tax Return
 Employer's name, address, and ZIP code
BLINDERMAN CONSTRUCTION CO., INC.
 224 N. DESPLAINES ST, SUITE 650
 CHICAGO, IL 60661-1067

Employee's name, address, and ZIP code
DINESH SANJAMALA
 2422 N. KENNICOTT DR APT 2B
 ARLINGTON HEIGHTS, IL 60004

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
7 Social security tips	85574.94	12907.11
8 Allocated tips	3 Social security wages	4 Social security tax withheld
9	5 Medicare wages and tips	6 Medicare tax withheld
12a See instructions for box 12	10 Dependent care benefits	11 Nonqualified plans
12b	12c	14 Other
12d	13 Statutory employee Retirement plan Third party sick pay	
	X X X	
a Employee's social security number	b Employer identification number	
202-27-1615	36-2746353	
15 State IL	16 State wages, tips, etc. 85574.94	17 State income tax 4235.89
Employer's state ID number 36-2746353 001	18 Local wages, tips, etc.	19 Local income tax
		20 Locality name

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

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PRESORTED
 FIRST-CLASS MAIL
 U.S. POSTAGE PAID
 FARGO ND
 PERMIT #684

Important Tax Document Enclosed



T52 P1 40748 *****AUTO**ALL FOR AADC 600
 DINESH SANJAMALA
 2422 N KENNICOTT DR APT 2B
 ARLINGTON HEIGHTS, IL 60004-3080