22222	a Employee 081-9	s social security number 7 – 8510	OMB No. 1545	5-0008			
c Employer's name, address, and ZIP code SUMITY SHARMA DDS INC 1123 S PARK VICTORIA DR MILPITAS CA 95035					iges, tips, other compensation	2 Federal income tax withheld	
				3 So	4342.4 cial security wages 4342.4	4 Social security tax withheld	
				5 Me	dicare wages and tips	6 Medicare tax withheld	
				7 So	4342.4	8 Allocated tips	
d Control number b Employer identification number (EIN)				9		10 Dependent care benefits	
d Control number 23		47 – 2864598	umber (EIN)	11 No	ngualified plans	12a	
e Employee's first name and initial	Last r	name	Suff.				
RAMYA RAMASWAMY 755E CAPITOL AVE APT#G07 MILPITAS CA 95035 f Employee's address and ZIP code				13 Statut emplo	ory Retirement Third-party yee plan sick pay	12b	
				14 Oth	ner	12c	
						12d	
15 State Employer's state ID number		16 State wages, tips, etc.	17 State incom		18 Local wages, tips, etc.	19 Local income tax 20 Locality name	
CA 048-6137-3		4342.40		14.69	4342.40	39.09 CA SDI	
		2022	T- D- 511-1			To De to one	
Form W-2 Wage and Tax State	ement	2023 Copy B	-10 Be Filed	I With E	mployee's FEDERAL T	ax Return.	
22222	a Employee	s social security number	0115 11 15 15				
c Employer's name, address, and ZIP code SUMITY SHARMA DDS INC 1123 S PARK VICTORIA DR MILPITAS CA 95035					iges, tips, other compensation 4342.4	2 Federal income tax withheld 54.00	
				3 Social security wages 4 Social security tax withheld			
				5 Me	4342.4 dicare wages and tips	6 Medicare tax withheld	
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				7 So	cial security tips	8 Allocated tips	
d Control number		b Employer identification nu 47 – 28 6 4 5 9 8	umber (EIN)	9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff.				11 No	nqualified plans	12a	
RAMYA RAMASWAMY 755E CAPITOL AVE APT#G07 MILPITAS CA 95035				13 Statut	ory Retirement Third-party yee plan sick pay	12b	
				14 Oth	ner	12c	
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f Employee's address and ZIP code 15 State Employer's state ID number		16 State wages, tips, etc.	17 State incom	e tax	18 Local wages, tips, etc.	19 Local income tax 20Locality name	
CA 048-6137-3		4342.40		14.69	4342.40	39.09 CA SDI	
Form W-2 Wage and Tax State	ement	2023 Copy C	For EMPLO	YEE'S F	RECORDS, (See Notice	e to Employee)	
22222	a Employee	s social security number 7 – 8 5 1 0					
		/-85TO	OMB No. 1545		iges, tips, other compensation	2 Federal income tax withheld	
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					4342.4	8 Allocated tips	
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d Control number 23 Employer identification number (EIN) 47-2864598					200		
e Employee's first name and initial Last name Suff.					nqualified plans	12a	
RAMYA RAMASWAMY 755E CAPITOL AVE APT#G07				13 Statut emplo	ory Retirement Third-party yee plan sick pay	12b	
				14 Oth	ner	12c	
MILPITAS CA 950	35					12d	
f Employee's address and ZIP code							
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