Copy B—To Be Filed FEDERAL Tax Return	OMB No. 1545-0008			
a Employee's soc. sec. no.	1 W	ages, tips, other comp.	2 Federal income tax withheld	
359331127		65799.96	4131.96	
b Employer ID number (EIN		ocial security wages	4 Social security tax withheld 4340.00	
l ''	′ I	69999.96 ledicare wages and tips	6 Medicare tax withheld	
421577938	"	69999.96	1015.00	
c Employer's name, addres	s, and ZI	P code		
510 E Butler Kalamazoo,MI	Cour		s LLC	
d Control number 644740				
e Employee's name, address, and ZIP code				
Pallavi Debbadi 912 Atlantic Ave, Apt A Hoffman Estates,IL 60169				
7 Social security tips	8 A	Illocated tips	9	
10 Dependent care benefits	11 1	Nonqualified plans	12a code See inst. for box 12	
			D 4200.00	
13 Statutory employee 14	4 Other		12b code	
Retirement plan			12c code	
X Third-party sick pay			12d code	
Tilliu-party sick pay			12d code	
IL 42-1577938	3	65799.96	3257.04	
15 State Employer's state ID number 16 State wages, tips, etc.		17 State income tax		
18 Local wages, tips, etc.	19 L	ocal income tax	20 Locality name	
Form W-2 Wage and Tax Sta This information is being furnish		2023 Iternal Revenue Service.	Dept. of the Treasury – IRS	

510 E Butler Court Kalamazoo, MI 49007 d Control number 644740 e Employee's name, address, and ZIP code Pallavi Debbadi 912 Atlantic Ave, Apt A Hoffman Estates, IL 60169 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a code 4200.00 D 12b code 13 Statutory employee 14 Other Retirement plan 12c code Χ 12d code Third-party sick pay IL 42-1577938 65799.96 3257.04 17 State income tax 15 State Employer's state ID number | 16 State wages, tips, etc. 19 Local income tax 20 Locality name 18 Local wages, tips, etc. Dept. of the Treasury - IRS Form W-2 Wage and Tax Statement 2023 Copy 2—To Be Filed With Employee's State, OMB No. 1545-0008 City, or Local Income Tax Return. 1 Wages, tips, other comp. 2 Federal income tax withheld a Employee's soc. sec. no. 65799.96 4131.96 359331127 3 Social security wages 4 Social security tax withheld

Copy 2—To Be Filed With Employee's State,

1 Wages, tips, other comp. 65799.96

3 Social security wages

5 Medicare wages and tips

Streamline Healthcare Solutions LLC

69999.96

69999.96

City, or Local Income Tax Return.

c Employer's name, address, and ZIP code

a Employee's soc. sec. no.

b Employer ID number (EIN)

359331127

421577938

OMB No. 1545-0008

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2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

(See Notice to Employee of	on the back of Copy B.)	ONID 140. 1343-0006		
a Employee's soc. sec. no.	1 Wages, tips, other comp. 65799.96	2 Federal income tax withheld 4131.96		
359331127	3 Social security wages	4 Social security tax withheld		
b Employer ID number (EIN)	69999.96	4340.00		
421577938	5 Medicare wages and tips 69999.96	6 Medicare tax withheld 1015.00		
c Employer's name, address, a	nd ZIP code			
Streamline Hea 510 E Butler C Kalamazoo,MI 4		s LLC		
d Control number 644740				
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Pallavi Debbadi				
912 Atlantic Ave, Apt A				
Hoffman Estate	s.IL 60169			
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10 Dependent care benefits	11 Nonqualified plans	12a code See inst. for box 12		
		D 4200.00		
13 Statutory employee 14 Ot	ner	12b code		
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Retirement plan		12c code		
X		12C Code		
Third-party sick pay		12d code		
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 15 State Employer's state ID num	nber 16 State wages, tips, etc.	17 State income tax		
13 State Employer S State ID Hull				
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
	19 Local income tax	20 Locality name		
	19 Local income tax	20 Locality name		

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Streamline Healthcare Solutions LLC 510 E Butler Court					
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e Treasury – IRS					

Copy C—For EMPLOYEE'S RECORDS

OMB No. 1545-0008

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