Copy B—To Be Filed With Employee's FEDERAL Tax Return.

OMB No. 1545-0008

a Employee's soc. sec. no. 359331127	1 Wages, tips, other comp. 65799.96	2 Federal income tax withheld 4131.96
	3 Social security wages 69999.96	4 Social security tax withheld 4340.00
b Employer ID number (EIN) 421577938	5 Medicare wages and tips 69999.96	6 Medicare tax withheld 1015.00

c Employer's name, address, and ZIP code

Streamline Healthcare Solutions LLC
510 E Butler Court
Kalamazoo,MI 49007

d Control number
644740

e Employee's name, address, and ZIP code   Suff.

Pallavi Debbadi
912 Atlantic Ave, Apt A
Hoffman Estates,IL 60169

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a code See inst. for box 12 D 4200.00
13 Statutory employee	14 Other	12b code
Retirement plan X		12c code
Third-party sick pay		12d code

IL	42-1577938	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 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement   **2023**   Dept. of the Treasury – IRS
This information is being furnished to the Internal Revenue Service.

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

OMB No. 1545-0008

a Employee's soc. sec. no. 359331127	1 Wages, tips, other comp. 65799.96	2 Federal income tax withheld 4131.96
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Kalamazoo,MI 49007

d Control number
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e Employee's name, address, and ZIP code   Suff.

Pallavi Debbadi
912 Atlantic Ave, Apt A
Hoffman Estates,IL 60169

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13 Statutory employee	14 Other	12b code
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IL	42-1577938	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 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement   **2023**   Dept. of the Treasury – IRS

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

OMB No. 1545-0008

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	3 Social security wages 69999.96	4 Social security tax withheld 4340.00
b Employer ID number (EIN) 421577938	5 Medicare wages and tips 69999.96	6 Medicare tax withheld 1015.00

c Employer's name, address, and ZIP code

Streamline Healthcare Solutions LLC
510 E Butler Court
Kalamazoo,MI 49007

d Control number
644740

e Employee's name, address, and ZIP code   Suff.

Pallavi Debbadi
912 Atlantic Ave, Apt A
Hoffman Estates,IL 60169

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Third-party sick pay		12d code

IL	42-1577938	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 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement   **2023**   Dept. of the Treasury – IRS
This information is being furnished to the IRS. 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.

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

OMB No. 1545-0008

a Employee's soc. sec. no. 359331127	1 Wages, tips, other comp. 65799.96	2 Federal income tax withheld 4131.96
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Form W-2 Wage and Tax Statement   **2023**   Dept. of the Treasury – IRS

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