

Form **W-2 Wage and Tax Statement** 2023

c Employer's name, address, and ZIP code
 BLUE CROSS BLUE SHIELD OF AL
 450 RIVERCHASE PARKWAY EAST
 BIRMINGHAM AL 35244

e Employee's name, address, and ZIP code
 V PAGADALA
 5570
 BOWER PLACE
 CUMMING GA 30028

7 Social security tips	1 Wages, tips, other comp. 120692.72	2 Federal income tax withheld 13265.12
8 Allocated tips	3 Social security wages 126866.98	4 Social security tax withheld 7865.75
9	5 Medicare wages and tips 126866.98	6 Medicare tax withheld 1839.57
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 180.00
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b D 6174.26
b Employer identification number (EIN) 63-0103830		12c DD 13741.92
a Employee's social security no. 599-29-2225		12d
15 State Employer's state ID no. GA 0461431-VQ	16 State wages, tips, etc. 120692.72	17 State income tax 5860.71
	18 Local wages, tips, etc.	19 Local income tax
		20 Locality name

Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. **Dept. of the Treasury - IRS**
 OMB No. 1545-0008 Visit the IRS Web Site at www.irs.gov/efile

This information is being furnished to the Internal Revenue Service. 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.

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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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