

Copy B-To Be Filed With Employee's Federal Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no. XXX-XX-2684	1 Wages, tips, other comp. 2793.77	2 Federal income tax withheld	
	3 Social security wages 2793.77	4 Social security tax withheld 173.21	
b Employer ID number (EIN) 27-1594318	5 Medicare wages and tips 2793.77	6 Medicare tax withheld 40.51	
c Employer's name, address, and ZIP code SWAMIJI, LLC 2801 UC MAIN STREET CINCINNATI OH 45221			
d Control number 3			
e Employee's name, address, and ZIP code Suff. VIKAS BELIDA 2801 MAIN STREET CINCINNATI OH 45221			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
OH 52 762284	2793.77	21.20	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc. 2793.77	19 Local income tax 50.29	20 Locality name CINCINNATI CITY TA	

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

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.		41-0852411 OMB No. 1545-0008	
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Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		41-0852411 OMB No. 1545-0008	
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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.
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