Copy B—To Be Filed With Employee's OMB No. 1545-0008 FEDERAL Tax Return a Employee's soc. sec. no. 2 Federal income tax withheld 1 Wages, tips, other comp. 67991.63 7406.05 XXX-XX-1899 3 Social security wages 4 Social security tax withheld b Employer ID number (EIN) 72685.15 4506.48 5 Medicare wages and tips 6 Medicare tax withheld 36-4864944 72685.15 1053.93 c Employer's name, address, and ZIP code NC Health Affiliates LLC DBA Blue Cross NC PO Box 2291 Durham, NC 27702 d Control number e Employee's name, address, and ZIP code Narendra Lenka 16103 Praxis Way Apt #16103 Cary, NC 27519 7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 С 130.37 13 Statutory employee 14 Other **12b** Code 4693.52 D 12c Code Retirement plan 2720.67 W Third-party sick pay 12d Code DD 15578.03 NC 601374915 67991.63 2674.00 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 5053 This information is being furnished to the Internal Revenue Service. Dept. of the Treasury - IRS

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City, or Local Income Tax Return

a Employee's soc. sec. no.

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OMB No. 1545-0008

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Narendra Lenka 16103 Praxis Way