

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

c Employer's name, address, and ZIP code

NYC HEALTH & HOSPITALS
CORP SERVICES, BLDG #4,11TH FL
1400 PELHAM PARKWAY
BRONX NY 10461

e Employee's name, address, and ZIP code

NIKITA PATIL
23 MILTON AVE
JERSEY CITY NJ 07307

7 Social security tips	1 Wages, tips, other comp. 14545.32	2 Federal income tax withheld 1710.90
8 Allocated tips	3 Social security wages 14545.32	4 Social security tax withheld 901.81
9	5 Medicare wages and tips 14545.32	6 Medicare tax withheld 210.91
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 2154.15
13 Statutory employee Retirement plan Third-party sick pay	14 Other NY PFL 66.18	12b
b Employer identification number (EIN) 13-2655001	1127 Wgs 14545.32	12c
a Employee's social security no. 017-79-3370	1127 TxS 516.94	12d
	TranFe 5.25	
15 State Employer's state ID no. NY 132655001	16 State wages, tips, etc. 14545.32	17 State income tax 693.51
	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.
OMB No. 1545-0008

Dept. of the Treasury - IRS
Visit the IRS Web Site at www.irs.gov/efile

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10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
13 Statutory employee Retirement plan Third-party sick pay	14 Other Transit 225.00	12b
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