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Copy B-To Be Fi			OMB No. 1545-0008				n Employee's me Tax Return	OMB No. 1545-0008
a Employee's soc. sec		1 Wages, tips, other comp.	2 Federal income tax withheld 21130.45		oloyee's soc. sec		1 Wages, tips, other comp. 112286.07	2 Federal income tax withhel 21130.45
145-43-361	12	112286.07	4 Social security tax withheld	1	45-43-361	2	3 Social security wages	4 Social security tax withheld
b Employer ID number	Bearingments	3 Social security wages 117859.26	7307.27	b Emi	oloyer ID number	(EIN)	117859.26	
35-183581		5 Medicare wages and tips 117859.26	6 Medicare tax withheld 1708.96		5-1835818	-01.	5 Medicare wages and tips 117859.26	6 Medicare tax withheld 1708.96
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10 Dependent care ben	nefits	11 Nonqualified plans	12a Code See inst. for box 12 D 5573.19	10 Dep	pendent care ben	efits	11 Nonqualified plans	12a Code D 5573.1
13 Statutory employee	14 Othe	r Table and the second	12b Code DD 13174.98	13 Sta	tutory employee	14 Othe		12b Code DD 13174.9
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OMB No. 1545-0008

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b Employer ID number	(EIN)	117859.26	7307.27	
		5 Medicare wages and tips	6 Medicare tax withheld	
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Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

State, City, or Local Inc	ith Employee's come Tax Return	OMB No. 1545-0008		
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld 21130.45 4 Social security tax withheld		
145-43-3612	112286.07			
145-43-3612	3 Social security wages			
b Employer ID number (EIN)	117859.26	7307.27		
	5 Medicare wages and tips	6 Medicare tax withheld		
35-1835818	117859.26	1708.96		
c Employer's name, address,	and ZIP code			
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An Affiliate of E	levance Health, Inc.			
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BROADLANDS, VA 20 7 Social security tips	8 Allocated tips 11 Nonqualified plans	12a Code		
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