

d Control number OMB No. 1545-0008	1 Wages, tips, other compensation	2 Federal income tax withheld
	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
	10766.88	1332.75
	0.00	0.00
	0.00	0.00

c Employer's name, address and ZIP code
 EMA Dental LLC
 124 College Ave
 Somerville MA 02144

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
b Employer identification number (EIN) 27-3913906		a Employee's social security number 894-90-5884

e Employee's name, address and ZIP code
 Kumar C Yaramati
 24 Beach Street Apt. 5
 Quincy MA 02170

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.

2023	15 State	Employer's state ID number	16 State wages, tips, etc.
	MA	WTH12128354002	10766.88
W-2	17 State income tax	18 Local wages, tips, etc.	
	538.34	10766.88	
W-2	19 Local income tax	20 Locality name	

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W-2	19 Local income tax	20 Locality name	

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
	1110.48	60.87
OMB No 1545-0008	3 Social security wages	4 Social security tax withheld
	1110.48	68.85
	5 Medicare wages and tips	6 Medicare tax withheld
	1110.48	16.10

c Employer's name, address, and ZIP code
 EMA Dental LLC
 124 College Ave
 Somerville MA 02144

7 Social security tips	8 Allocated tips	9
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b Employer identification number (EIN)
 27-3913906

a Employee's social security number
 000-00-0001

13 Statutory retirement plan	14 Other MAPFML	3.53
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e Employee's name, address and ZIP code
 Kumar C Yaramati
 24 Beach Street Apt. 5
 Quincy MA 02170

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.

15 State	Employer's state ID number	16 State wages, tips, etc
MA	WTH12128354002	1110.48

17 State income tax	51.28
---------------------	-------

19 Local income tax	20 Locality name
---------------------	------------------

17 State income tax	51.28
---------------------	-------

19 Local income tax	20 Locality name
---------------------	------------------

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
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 EMA Dental LLC
 124 College Ave
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 Kumar C Yaramati
 24 Beach Street Apt. 5
 Quincy MA 02170

15 State	Employer's state ID number	16 State wages, tips, etc
MA	WTH12128354002	1110.48

17 State income tax	51.28
---------------------	-------

19 Local income tax	20 Locality name
---------------------	------------------

2023

W-2 Wage and Tax Statement

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

2023

W-2 Wage and Tax Statement

Copy B-To Be Filed With Employee's FEDERAL Tax Return

BANK OF AMERICA, N.A.
TAX REPORTING
PO BOX 15293
WILMINGTON, DE 19850-5293

TAX STATEMENT FOR YEAR 2023

THIS STATEMENT REPORTS 1099-INT (OMB No. 1545-0112),
DEPARTMENT OF THE TREASURY-INTERNAL REVENUE SERVICE.

BANK OF AMERICA 
BANK# 09839

KUMAR CHOWDARY YARAMATI
24 BEACH ST APT 5
QUINCY MA 02170

PAYER'S E.I.N.

94-1687665

CUSTOMER SERVICE PHONE NUMBER

1-877-520-1099

TAXPAYER'S IDENTIFICATION NUMBER

***-**-5884

For Form 1099-A, B, C, DIV, INT, K, MISC, OID, Q, S, and SA: This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.


2023 - 1099-INT, INTEREST INCOME

	ACCOUNT NUMBER	
REWARD/GIFT	0493 000466019216432	
BOX 1	INTEREST INCOME	100.00
BOX 4	FEDERAL INCOME TAX WITHHELD	24.00
KUMAR CHOWDARY YARAMATI		
TOTAL INTEREST		100.00

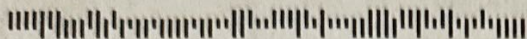
PLEASE NOTE: INQUIRIES REGARDING THESE ACCOUNTS SHOULD BE DIRECTED TO OUR CUSTOMER SERVICE PHONE NUMBER ABOVE. PLEASE CHECK YOUR TAXPAYER IDENTIFICATION NUMBER AND CALL THE NUMBER LISTED ABOVE IF IT IS INCORRECT.

TDD HEARING IMPAIRED PLEASE CALL 1-800-288-4408
THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE



 Bryan Grabowski
PO BOX 15369
WELLFLEET Springfield MA 01115

Forwarding Service Requested



*****ALL FOR AADC 021
PB-STL_UNSORTED-MACH-ENV 15208 26
KUMAR CHOWDARY YARAMATI
24 BEACH ST.
APT. 6
QUINCY MA 02170-2857



Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage

2023
Massachusetts
Department of
Revenue

1. Name of Insurance Company or Administrator Wellfleet Insurance Company		2. FID Number of Insurance Co. or Administrator 954077789			
3. Name of Subscriber KUMAR CHOWDARY YARAMATI		4. Date of Birth 08/12/1996	5. Subscriber Number 00236629800		
6. Street Address 24 BEACH ST.		7. City/Town QUINCY	8. State MA	9. Zip 02170	
Name of Subscriber	Date of Birth	Subscriber Number	Coverage Effective Date	Coverage Through Date	Corrected
KUMAR CHOWDARY YARAMATI	08/12/1996	00236629800	01/23/2023	12/31/2023	<input type="checkbox"/>