

OMB# 1545-0008

COPY 2 - To Be Filed With Employee's State, City, or Local Income Tax Return

1 Wages, tips, other compensation 26280.00		2 Federal income tax withheld 3330.00	
3 Social security wages 26280.00		4 Social security tax withheld 1629.36	
5 Medicare wages and tips 26280.00		6 Medicare tax withheld 381.06	
a Employee's social security number 812-85-0549			
c Employer's name, address, and ZIP code ORGSPiRE INC 545 METRO PL S STE 100 DUBLIN OH 43017-5353			
e Employee's name DEVIKA JALADI 333 NORTH AVENUE,APT#40B SECANE PA 19018			
f Employee's address and ZIP code		9	12a
b Employer identification number (EIN) 20-5731265		10 Dependent care benefits	12b
7 Social security tips		11 Nonqualified plans	12c
8 Allocated tips		14 Other PA SUI EE 18.40	12d
13 Statutory employee Retirement plan Third-party sick pay			12e
15 State PA	Employer's state ID number 2004 3583	16 State wages, tips, etc. 26280.00	17 State income tax 806.80
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service

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18 Local wages, tips, etc.		19 Local income tax	20 Locality name

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COPY B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

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3 Social security wages 26280.00		4 Social security tax withheld 1629.36	
5 Medicare wages and tips 26280.00		6 Medicare tax withheld 381.06	
a Employee's social security number 812-85-0549			
c Employer's name, address, and ZIP code ORGSPiRE INC 545 METRO PL S STE 100 DUBLIN OH 43017-5353			
e Employee's name DEVIKA JALADI 333 NORTH AVENUE,APT#40B SECANE PA 19018			
f Employee's address and ZIP code		9	12a See instructions for box 12
b Employer identification number (EIN) 20-5731265		10 Dependent care benefits	12b
7 Social security tips		11 Nonqualified plans	12c
8 Allocated tips		14 Other PA SUI EE 18.40	12d
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15 State PA	Employer's state ID number 2004 3583	16 State wages, tips, etc. 26280.00	17 State income tax 806.80
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

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COPY C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a medicare penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

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a Employee's social security number 812-85-0549			
c Employer's name, address, and ZIP code ORGSPiRE INC 545 METRO PL S STE 100 DUBLIN OH 43017-5353			
e Employee's name DEVIKA JALADI 333 NORTH AVENUE,APT#40B SECANE PA 19018			
f Employee's address and ZIP code		9	12a See instructions for box 12
b Employer identification number (EIN) 20-5731265		10 Dependent care benefits	12b
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