

d Control Number	1 Wages, tips, other compensation 34877.30	2 Federal income tax withheld 3910.69
b Employer identification number (EIN) 20-5716594	3 Social security wages 38116.66	4 Social security tax withheld 2363.23
a Employee's social security number 515-75-0347	5 Medicare wages and tips 38116.66	6 Medicare tax withheld 552.69

c Employer's name, address and ZIP code  
CHANGE HEALTHCARE SOLUTIONS, LLC  
3055 LEBANON PIKE  
SUITE 1000  
NASHVILLE TN 37214

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code C   21.60
12b Code D   3239.36	12c Code DD   5532.64	12d See instructions for box 12
13 Statutory employee Retirement plan Third-party sick pay X	14 Other STOCK	3426.99

e Employee's name, address and ZIP code  
MAHESH YALLAREDDY  
2037 ELK SPRINGS DRIVE  
HERMITAGE TN 37076

2023 Form W-2	15 State Employer's state I.D. no.	16 State wages, tips, etc.
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Wage and Tax Statement Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)  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.  Department of the Treasury - Internal Revenue Service	17 State income tax	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

d Control Number	1 Wages, tips, other compensation 34877.30	2 Federal income tax withheld 3910.69
b Employer identification number (EIN) 20-5716594	3 Social security wages 38116.66	4 Social security tax withheld 2363.23
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CHANGE HEALTHCARE SOLUTIONS, LLC  
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SUITE 1000  
NASHVILLE TN 37214

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code C   21.60
12b Code D   3239.36	12c Code DD   5532.64	12d
13 Statutory employee Retirement plan Third-party sick pay X	14 Other STOCK	3426.99

e Employee's name, address and ZIP code  
MAHESH YALLAREDDY  
2037 ELK SPRINGS DRIVE  
HERMITAGE TN 37076

2023 Form W-2	15 State Employer's state I.D. no.	16 State wages, tips, etc.
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Wage and Tax Statement Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.  Department of the Treasury - Internal Revenue Service	17 State income tax	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

d Control Number	1 Wages, tips, other compensation 34877.30	2 Federal income tax withheld 3910.69
b Employer identification number (EIN) 20-5716594	3 Social security wages 38116.66	4 Social security tax withheld 2363.23
a Employee's social security number 515-75-0347	5 Medicare wages and tips 38116.66	6 Medicare tax withheld 552.69

c Employer's name, address and ZIP code  
CHANGE HEALTHCARE SOLUTIONS, LLC  
3055 LEBANON PIKE  
SUITE 1000  
NASHVILLE TN 37214

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code C   21.60
12b Code D   3239.36	12c Code DD   5532.64	12d See instructions for box 12
13 Statutory employee Retirement plan Third-party sick pay X	14 Other STOCK	3426.99

e Employee's name, address and ZIP code  
MAHESH YALLAREDDY  
2037 ELK SPRINGS DRIVE  
HERMITAGE TN 37076

2023 Form W-2	15 State Employer's state I.D. no.	16 State wages, tips, etc.
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Wage and Tax Statement Copy B - To Be Filed With Employee's FEDERAL Tax Return.  This information is being furnished to the Internal Revenue Service  Department of the Treasury - Internal Revenue Service	17 State income tax	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

d Control Number	1 Wages, tips, other compensation 34877.30	2 Federal income tax withheld 3910.69
b Employer identification number (EIN) 20-5716594	3 Social security wages 38116.66	4 Social security tax withheld 2363.23
a Employee's social security number 515-75-0347	5 Medicare wages and tips 38116.66	6 Medicare tax withheld 552.69

c Employer's name, address and ZIP code  
CHANGE HEALTHCARE SOLUTIONS, LLC  
3055 LEBANON PIKE  
SUITE 1000  
NASHVILLE TN 37214

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code C   21.60
12b Code D   3239.36	12c Code DD   5532.64	12d
13 Statutory employee Retirement plan Third-party sick pay X	14 Other STOCK	3426.99

e Employee's name, address and ZIP code  
MAHESH YALLAREDDY  
2037 ELK SPRINGS DRIVE  
HERMITAGE TN 37076

2023 Form W-2	15 State Employer's state I.D. no.	16 State wages, tips, etc.
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Wage and Tax Statement Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.  Department of the Treasury - Internal Revenue Service	17 State income tax	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name