panadment of the Treasu	ry-Internal Revenue Service				Value y
d Control number	1 Wages, tips, other compensation 2	Federal income tax withheld		Vages, tips, other compensation	2 Federal income tax withheld
78650 OMB NO. 1545-0008	96582.10 3 Social security wages 4	8123.13 Social security tax withheld	78650 OMB NO. 1545-0008 3 8	96582.10 ocial security wages	8123.13 4 Social security tax withheld
	97388.24	6037.99	This information is being	97388.24	6037.99
	The second secon	Medicare tax withheld	furnished to the 5 h	fedicare wages and tips	6 Medicare tax withheld 1412.22
c Employer's name, ad PRIME HEA 3300 EAST ONTARIO C	LTHCARE MANAGEMENT GUASTI	1412.22	c Employer's name, address	s and ZIP code HCARE MANAGEMEN UASTI	
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
10 Dependent care ben	efits 11 Nonqualified plans	12a See instructions for box 12	10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	AA 1020.00	12b	12c	AA 1020.00
C 39.1	3 D 806.14	DD 6101.25	C 39.13	D 806.14	DD 6101.25
b Employer Identification	·····································	s social security number 747-22-8789	b Employer identification number 2 0 - 3 9 5 2	A Charles of Barrers had been been been been been been been bee	747-22-8789
employee plan X e Employee's name, a KAUSHIK E	BINDU YELISETTI Pearson Dr	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	13 Statutory Retirement employee plan X e Employee's name, address KAUSHIK BINI 23412 W Pea: Plainfield	DU YELISETTI rson Dr	
	00363	if this income is taxable and you fail to report it.			
2023	16 State Employer's state I D. No. IL 20 - 3952701 - 000	16 State wages, tips, etc. 96582.10	2023 IL	Employer's state I.D. No. 20-3952701-00	0 16 State wages, tips, etc. 96582.10
W-2 Wage and Tax 17 State income tax 18 Local w. 4661.17		18 Local wages, tips, etc.	W-2 Wage and Tax 17 State income tax 18 Local wages tips, etc. 4661.17		
Copy C For	Copy C For			19 Local income tax	20 Locality name
The second of the second of the second	ECORDS 19 Local income tax	20 Locality name	With Employee's FEDERAL Tax Return	The same of the sa	
(See Notice to Em back of Copy B.)	ployee on	The street of the street of the	16-0331690	THE RESERVE OF THE PARTY OF THE	the Treasury-Internal Revenue Service
d Control number	1 Wages, tips, other compensation 2	Federal income tax withheld	d Control number 1 Wa	ages, tips, other compensation	Pederal income tax withheld
78650	96582.10	8123.13	78650	96582.10	8123.13 Social security tax withheld
OMB NO. 1545-0008	3 Social security wages 4 97388.24	Social security tax withheld 6037.99	OMB NO. 1545-0008 3 So	97388.24	6037.99
Park I have I have		Medicare tax withheld	5 Me	dicare wages and ope	Medicare tax withheld
c Employer's name, a	97388.24	1412.22	c Employer's name, address	97388.24 and ZIP code	A Property of the Control of the Control
PRIME HE 3300 EAS ONTARIO	ALTHCARE MANAGEMENT I GUASTI		3300 EAST GU ONTARIO CA	91761	
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
10 Dependent care be	nefits 11 Nonqualified plans	12a AA 1020.00	10 Dependent care benefits	11 Nonqualified plans	12a AA 1020.00
12b	13 D 806.14	12d DD 6101.25	12b C 39.13	D 806.14	DD 6101.25
C 39.13 D 806.14 DD 6101.25 b Employer identification number (EIN) a Employee's social security number			b Employer identification num		Company of the Compan
		Control of the Contro			s social security number
2 0 - 3 13 Statutory employee plan X	9952701 7 Bent Third-party sick pay 14 Other	47-22-8789	20 - 3952 13 Statutory Retirement plan X	701 Third-party sick pay	7 4 7 - 22 - 8 7 8 9
13 Statutory Retirem employee plan X e Employee's name, a KAUSHIK E 23412 W F	9952701 7 nent Third-party 14 Other	Control of the Contro	20 - 3952 13 Statutory Retirement plan	701 Third-party Indiction 14 Other and ZIP code OU YELISETTI SON Dr	
13 Statutory employee plan X e Employee's name, a KAUSHIK E 23412 W F Plainfiel	ent Third-party 14 Other sick pay 14 Other sick pay 14 Other sick pay 14 Other siddress and ZIP code 3 INDU YELISETTI Pearson Dr	Control of the Contro	20-3952 13 Statutory Retirement plan X e Employee's name, address KAUSHIK BIND 23412 W Pear	Third-party 14 Other sick pay 14 Other sick pay 2 DU YELISETTI SON Dr 14 6 0 5 8 5	747-22-8789
13 Statutory Retirem employee plan X e Employee's name, a KAUSHIK E 23412 W F Plainfiel	pent Third-party 14 Other sick pay 14 Other sick	47 - 22 - 8789	13 Statutory Retirement plan X e Employee's name, address KAUSHIK BIND 23412 W Pear Plainfield I	701 Third-party 14 Other sick pay 14 Other sick pay 14 Other sick pay 15 Other sick pay 16 Other 16 Other 17 Other 17 Other 18 Ot	747-22-8789
13 Statutory employee plan X e Employee's name, a KAUSHIK E 23412 W F Plainfiel 2023 W-2 Wage Staten Copy 2 To Be File	address and ZIP code BINDU YELISETTI Pearson Dr d IL 60585 ASSTATE Employer's state I D. No. IL 20-3952701-000 and Tax from the state III of	16 State wages, tips, etc. 96582.10 18 Local wages, tips, etc.	20-3952 13 Statutory Retirement plan X e Employee's name, address KAUSHIK BIND 23412 W Pear Plainfield I 2023 E W-2 Wage and T Statement Copy 2 To Be Filed	701 Third-party 14 Other sick pay 14 Other sick pay 14 Other sick pay 15 Other sick pay 15 Other sick pay 16 Other sick pay 17 Other sick pay 17 Other sick pay 17 Other sick pay 17 Other sick pay 18 Other sick	747-22-8789 16 State wages, tips, etc. 96582.10 18 Local wages, tips, etc.
13 Statutory Retirem employee plan X e Employee's name, a KAUSHIK E 23412 W F Plainfiel 2023 E W-2 Wage Staten Copy 2 To Be Fill With Employee's State, City, or Lo	address and ZIP code BINDU YELISETTI Pearson Dr ad IL 60585 Its State Employer's state ID. No. IL 20-3952701-000 and Tax 17 State income tax 4661.17 ed 19 Local income tax cal	16 State wages, tips, etc 96582.10	20-3952 13 Statutory Retirement plan X e Employee's name, address KAUSHIK BIND 23412 W Pear Plainfield I 2023 15 State IL E W-2 Wage and T Statement	701 Third-party 14 Other sick pay 14 Other sick pay 14 Other sick pay 15 Other sick pay 16 Other sick pay 17 Other sick pay 17 Other sick pay 18 Other sick	747-22-8789 16 State wages, tips, etc. 96582.10
13 Statutory Retirem employee Plan X e Employee's name, a KAUSHIK E 23412 W F Plainfiel 2023 W-2 Wage Staten Copy 2 To Be Fill With Employee's	and Tax To State Employer's state I D. No. IL 20-3952701-000 and Tax 17 State income tax 4661.17 Department of the	16 State wages, tips, etc. 96582.10 18 Local wages, tips, etc.	20-3952 13 Statutory Retirement plan X e Employee's name, address KAUSHIK BIND 23412 W Pear Plainfield I 2023 15 State IL W-2 Wage and T Statement Copy 2 To Be Filed With Employee's State, City, or Local	TO 1 Third-party T	747-22-8789 16 State wages, tips, etc. 96582.10 18 Local wages, tips, etc.