

<b>Copy B To Be Filed With Employee's FEDERAL Tax Return</b>		<b>2023</b>	OMB No. 1545-0008
<b>a</b> Employee's social security number 130-91-7490	<b>1</b> Wages, tips, other comp. 42021.02	<b>2</b> Federal income tax withheld 5374.87	
<b>b</b> Employer ID number 13-4258197	<b>3</b> Social security wages	<b>4</b> Social security tax withheld	
	<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld	
<b>c</b> Employer's name, address, and ZIP code OM Partners USA Inc 2727 Paces Ferry Rd Bldg1 Ste 1750 Atlanta, GA 30339			
<b>d</b> Control Number 50896 0375			
<b>e</b> Employee's first name and initial Last name  Nihar Shah 2722 Lake Ferry Lane Atlanta, GA 30339			
<b>f</b> Employee's address, and ZIP code			
<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>	
<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> Code See inst. for box 12 W 58.88	
<b>13</b> Statutory employee	<b>14</b> Other DENTAL 58.16 HDHP 153.58 S125 701.52 VIS 11.62	<b>12b</b> Code	
Retirement plan		<b>12c</b> Code	
Third-party sick pay		<b>12d</b> Code	
GA 2270603-JO		42021.02	2174.74
<b>15</b> State Emplr.'s state I.D. #	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	
<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name	

**Form W-2 Wage and Tax Statement** Dept. of the Treasury - IRS  
This information is being furnished to the Internal Revenue Service

<b>Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)</b>		<b>2023</b>	OMB No. 1545-0008
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GA 2270603-JO		42021.02	2174.74
<b>15</b> State Emplr.'s state I.D. #	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	
<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name	

**Form W-2 Wage and Tax Statement** Dept. of the Treasury - IRS  
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

<b>Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return</b>		<b>2023</b>	OMB No. 1545-0008
<b>a</b> Employee's social security number 130-91-7490	<b>1</b> Wages, tips, other comp. 42021.02	<b>2</b> Federal income tax withheld 5374.87	
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Third-party sick pay		<b>12d</b> Code	
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<b>15</b> State Emplr.'s state I.D. #	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	
<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name	

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<b>Extra Employee Copy</b>		<b>2023</b>	OMB No. 1545-0008
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