

Form **W-2 Wage and Tax Statement** **2023**

7 Social security tips		1 Wages, tips, other compensation	2 Federal income tax withheld
		38952.53	3497.90
8 Allocated tips		3 Social security wages	4 Social security tax withheld
		22697.02	1407.22
9		5 Medicare wages and tips	6 Medicare tax withheld
		22697.02	329.11
10 Dependent care benefits		11 Nonqualified plans	12a
			C 6.02
b Employer identification number (EIN)		14 Other	12b
04-2807148		MAPFML 44.56	DD 7983.04
a Employee's social security number			12c
701-41-0939			
13 Statutory employee Retirement plan Third-party sick pay			12d
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.
MA 04-2807148	38952.53	1880.98	19 Local income tax
			20 Locality name

MGPO  
MGB ENTERPRISE PAYROLL  
399 REVOLUTION DRIVE, STE 715  
SOMERVILLE MA 02145

PAVITHRA RAJAGOPALAN  
78 SOUTH HUNTINGTON  
APT 23  
JAMAICA PLAIN MA 02130

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return Dept. of the Treasury - IRS

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PAVITHRA RAJAGOPALAN  
78 SOUTH HUNTINGTON  
APT 23  
JAMAICA PLAIN MA 02130

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

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399 REVOLUTION DRIVE, STE 715  
SOMERVILLE MA 02145

PAVITHRA RAJAGOPALAN  
78 SOUTH HUNTINGTON  
APT 23  
JAMAICA PLAIN MA 02130

Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service. Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** **2023**

OMB No 1545-0008

c Employer's name, address, and ZIP code

MGPO  
MGB ENTERPRISE PAYROLL  
399 REVOLUTION DRIVE, STE 715  
SOMERVILLE MA 02145

e Employee's name, address, and ZIP code

PAVITHRA RAJAGOPALAN  
78 SOUTH HUNTINGTON  
APT 23  
JAMAICA PLAIN MA 02130

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MA	04-2807148	38952.53	1880.98			



Mass General Brigham Health Plan  
399 REVOLUTION DR STE 810  
SOMERVILLE MA 02145-1579

Forwarding Service Requested

\*\*\*\*\*5-DIGIT 02130  
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PAVITHRA RAJAGOPALAN  
78 SOUTH HUNTINGTON  
APT 23  
JAMAICA PLAIN MA 02130-4708



Form MA 1099-HC  
Individual Mandate  
Massachusetts Health Care Coverage

2023  
Massachusetts  
Department of  
Revenue

1. Name of Insurance Company or Administrator <b>MASS GENERAL BRIGHAM HEALTH PLAN INSURANCE CO.</b>		2. FID Number of Insurance Co. or Administrator <b>830970929</b>	
3. Name of Subscriber <b>PAVITHRA RAJAGOPALAN</b>		4. Date of Birth <b>01/19/1989</b>	5. Subscriber Number <b>CDW4229048</b>
6. Street Address <b>78 South Huntington</b>		7. City/Town <b>Jamaica Plain</b>	8. State <b>MA</b>
			9. Zip <b>02130</b>
Name of Subscriber	Date of Birth	Subscriber Number	Corrected
<b>PAVITHRA RAJAGOPALAN</b>	<b>01/19/1989</b>	<b>CDW4229048</b>	<input type="checkbox"/>
Full-year minimum creditable coverage?	If No, check months with minimum creditable coverage:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Jan	Feb	Mar
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Apr	May	Jun
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Jul	Aug	Sep
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Oct	Nov	Dec
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>