

<p>To the right is information which shows your total wages by W-2 box and the amount of any deferred compensation and/or other pretax deductions that were subtracted from total wages to arrive at your W-2 wages.</p> <p>General instructions for these forms, including an explanation of the letter codes used in box 12, are available on a separate document.</p>	Gross Wages	24828.45	24828.45	24828.45
	Txbl Benefits	4128.64	4128.64	4128.64
	Group Term Life Adoption	22.95	22.95	22.95
	Deferred Comp	(962.49)		
	Section 125	(383.37)	(383.37)	(383.37)
	Other Pretax/Wage Limit			
	W-2 Wages	27634.18	28596.67	28596.67

a Employee's social security number 203-67-5393		b Employer identification number (EIN) 06-1506026		d Control number 000943766801		OMB No. 1545-0008	
c Employer's name, address, and ZIP code  IQVIA INC 1510 Valley Center Pkwy Ste 130 Ste 130 Bethlehem PA 18017				1 Wages, tips, other compensation 27634.18		2 Federal income tax withheld 3029.06	
				3 Social security wages 28596.67		4 Social security tax withheld 1772.99	
				5 Medicare wages and tips 28596.67		6 Medicare tax withheld 414.65	
				7 Social security tips		8 Allocated tips	
e Employee's first name and initial Subash				Last name Rajendran		Suff.	
f Employee's address and ZIP code				9		10 Dependent care benefits	
15 State Employer's state ID Number AZ 0061506026				16 State wages, tips, etc. 27634.18		17 State income tax 552.22	
18 Local wages, tips, etc.				19 Local income tax		20 Locality name	
13 Statutory Retirement Third-party employee plan sick Pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				12b Code D 962.49		12c Code W 150.00	
14 Other MOVE 4128.64				12d Code DD 2939.20			

Form W-2 Wage and Tax Statement Copy C—For EMPLOYEE'S RECORDS **2023** Department of the Treasury—Internal Revenue Service  
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.

a Employee's social security number 203-67-5393		b Employer identification number (EIN) 06-1506026		d Control number 000943766801		OMB No. 1545-0008	
c Employer's name, address, and ZIP code  IQVIA INC 1510 Valley Center Pkwy Ste 130 Ste 130 Bethlehem PA 18017				1 Wages, tips, other compensation 27634.18		2 Federal income tax withheld 3029.06	
				3 Social security wages 28596.67		4 Social security tax withheld 1772.99	
				5 Medicare wages and tips 28596.67		6 Medicare tax withheld 414.65	
				7 Social security tips		8 Allocated tips	
e Employee's first name and initial Subash				Last name Rajendran		Suff.	
f Employee's address and ZIP code				9		10 Dependent care benefits	
15 State Employer's state ID Number AZ 0061506026				16 State wages, tips, etc. 27634.18		17 State income tax 552.22	
18 Local wages, tips, etc.				19 Local income tax		20 Locality name	
13 Statutory Retirement Third-party employee plan sick Pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				12b Code D 962.49		12c Code W 150.00	
14 Other MOVE 4128.64				12d Code DD 2939.20			

Form W-2 Wage and Tax Statement Copy B—To Be Filed With Employee's FEDERAL Tax Return. **2023** Department of the Treasury - Internal Revenue Service

a Employee's social security number 203-67-5393		b Employer identification number (EIN) 06-1506026		d Control number 000943766801		OMB No. 1545-0008	
c Employer's name, address, and ZIP code  IQVIA INC 1510 Valley Center Pkwy Ste 130 Ste 130 Bethlehem PA 18017				1 Wages, tips, other compensation 27634.18		2 Federal income tax withheld 3029.06	
				3 Social security wages 28596.67		4 Social security tax withheld 1772.99	
				5 Medicare wages and tips 28596.67		6 Medicare tax withheld 414.65	
				7 Social security tips		8 Allocated tips	
e Employee's first name and initial Subash				Last name Rajendran		Suff.	
f Employee's address and ZIP code				9		10 Dependent care benefits	
15 State Employer's state ID Number AZ 0061506026				16 State wages, tips, etc. 27634.18		17 State income tax 552.22	
18 Local wages, tips, etc.				19 Local income tax		20 Locality name	
13 Statutory Retirement Third-party employee plan sick Pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>				12b Code D 962.49		12c Code W 150.00	
14 Other MOVE 4128.64				12d Code DD 2939.20			

Form W-2 Wage and Tax Statement Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return **2023** Department of the Treasury - Internal Revenue Service

