

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

OMB No. 1545-0008

| | | | |
|---|----------------------------|--|---|
| a Employee's soc. sec. no. 859-26-3608 | | 1 Wages, tips, other comp. 16056.08 | 2 Federal income tax withheld 2644.24 |
| b Employer ID number (EIN) 35-1835818 | | 3 Social security wages 16756.40 | 4 Social security tax withheld 1038.90 |
| c Employer's name, address, and ZIP code The Elevance Health Companies, Inc. An Affiliate of Elevance Health, Inc. 220 Virginia Avenue Indianapolis, IN 46204 | | 5 Medicare wages and tips 16756.40 | 6 Medicare tax withheld 242.97 |
| d Control number | | | |
| e Employee's name, address, and ZIP code Vinaya Kumar Vuppala 1757 Wettenhall Dr Virginia Beach, VA 23456 | | | |
| 7 Social security tips | 8 Allocated tips | 9 | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code See inst. for box 12 C 29.24 | |
| 13 Statutory employee | 14 Other | 12b Code D 700.32 | |
| Retirement plan X | | 12c Code W 1180.00 | |
| Third-party sick pay | | 12d Code AA 700.32 | |
| VA 30351835818F001 | 16056.08 | 812.83 | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service.

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008

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Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS

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

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Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS
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