Copy B - To Be Filed With **Employee's FEDERAL Tax Return** OMB No. 1545-0008 a Employee's soc. sec. no. 1 Wages, tips, other comp. 2 Federal income tax withheld 16056.08 859-26-3608 2644.24 3 Social security wages b Employer ID number (EIN) 16756.40 1038.90 5 Medicare wages and tips 6 Medicare tax withheld 35-1835818 16756.40 242.97 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 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 12c Code 1180.00 Third-party sick pay 12d Code 700.32 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
This information is being furnished to the Internal Revenue Service Dept. of the Treasury - IRS

State, City, or Local Income Tax Return OMB No. 1545-0008 a Employee's soc. sec. no. 1 Wages, tips, other comp. 2 Federal income tax withheld 16056.08 859-26-3608 2644.24 3 Social security wages 4 Social security tax withheld b Employer ID number (EIN) 16756.40 1038.90 5 Medicare wages and tips 6 Medicare tax withheld 35-1835818 16756.40 242.97 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 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 10 Dependent care benefits 11 Nonqualified plans 12a Code 29.24 13 Statutory employee | 14 Other 12b Code 700.32 D Retirement plan 12c Code 1180.00 W 12d Code Third-party sick pay 700.32 AA 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 Dept. of the Treasury - IRS 5053

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Copy C-For EMPLOYEE'S RECORDS (See OMB No. 1545-0008 Notice to Employee on the back of Copy B.) 2 Federal income tax withheld a Employee's soc. sec. no. 1 Wages, tips, other comp. 16056.08 2644.24 859-26-3608 4 Social security tax withheld 3 Social security wages b Employer ID number (EIN) 16756.40 1038.90 5 Medicare wages and tips 35-1835818 16756.40 242.97 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

d Control number

e Employee's name, address, and ZIP code Vinaya Kumar Vuppala

1757 Wettenhall Dr

Virginia Beach, VA 23456

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5053 Dept. of the Treasury - IRS Form W-2 Wage and Tax Statement This information is being furnished to the IRS. 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.

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a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
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An Affiliate of E	levance Health, Inc.	
220 Virginia Aven	ue	
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Indianapolis, IN 46204 d Control number

e Employee's name, address, and ZIP code Vinaya Kumar Vuppala

1757 Wettenhall Dr

Virginia Beach, VA 23456

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Form W-2 Wage and Tax Statement

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Dept. of the Treasury - IRS

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Form W-2 Wage and Tax S This information is being furnish	statement 2023 ed to the Internal Revenue Service.	Dept. of the Treasury - IRS	Form W-2 Wage and Tax Stat	ement 2023	Dept. of the Treasury - IRS
Copy C - For EMPLO Notice to Employee or	VEE'S RECORDS (See	OMB No. 1545-0008	Copy 2—To Be Filed With State, City, or Local Inco	h Employee's	OMB No. 1545-0008
a Employee's soc, sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld		1 Wages, tips, other comp.	2 Federal Income tax withheld

Notice to Employee or	the back of Copy B.)	OMB No. 1545-0008	
a Employee's soc, sec. no.		2 Federal income tax withheld	
859-26-3608	3 Social security wages	4 Social security tax withheld	
b Employer ID number (EIII 35–1835818	5 Medicare wages and tips	6 Medicare tax withheld	
c Employer's name, addre	ss, and ZIP code		
The Elevance H	ealth Companies, Inc		
An Affiliate o	f Elevance Health, I	inc.	
220 Virginia A	venue	A. Carrier	
Indianapolis,	IN 46204		
d Control number			
e Employee's name, addr	ess and ZIP code		
Vinaya Kumar V			
1757 Wettenhall	• •		
Virginia Beach	VA 23456		
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Third-party sick pay		12d Code	
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18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
Form W-2 Wage and Tax	Statement 2023	Dept. of the Treasury -	

5 Medicare wages and tips

3 Social security wages

Form W-2 Wage and Tax Statement

Dept. of the Treasury
This information is being furnished to the IRS. 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. Dept. of the Treasury - IRS 859-26-3608

b Employer ID number (EIN)

35-1835818

220 Virginia Avenue Indianapolis, IN 46204

d Control number

c Employer's name, address, and ZIP code

e Employee's name, address, and ZIP code Vinaya Kumar Vuppala

The Elevance Health Companies, Inc. An Affiliate of Elevance Health, Inc. 4 Social security tax withheld

6 Medicare tax withheld