

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

<b>c</b> Employer's name, address, and ZIP code NOVANT HEALTH CORPORATE NOVANT HEALTH CORPORATE (001) 2085 FRONTIS PLAZA BOULEVARD WINSTON-SALEM NC 27103		<b>7</b> Social security tips	<b>1</b> Wages, tips, other compensation 128222.04	<b>2</b> Federal income tax withheld 20163.90				
<b>e</b> Employee's name, address, and ZIP code VINAY PALAGIRI 9615 BONITA LANE APT #615 CHARLOTTE NC 28262		<b>8</b> Allocated tips	<b>3</b> Social security wages 136330.48	<b>4</b> Social security tax withheld 8452.49				
		<b>9</b>	<b>5</b> Medicare wages and tips 136330.48	<b>6</b> Medicare tax withheld 1976.79				
		<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12 C   110.04				
		<b>13</b> <table border="1"> <tr> <td>Statutory employee</td> <td>Retirement plan</td> <td>Third-party sick pay</td> </tr> <tr> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> </table>	Statutory employee	Retirement plan	Third-party sick pay		<input checked="" type="checkbox"/>	
Statutory employee	Retirement plan	Third-party sick pay						
	<input checked="" type="checkbox"/>							
<b>b</b> Employer identification number (EIN) 56-1376950	<b>12c</b> DD   10628.74							
<b>a</b> Employee's social security number 711-59-8495	<b>12d</b>							
<b>15</b> State NC   060061462	<b>16</b> State wages, tips, etc. 128222.04	<b>17</b> State income tax 5453.00	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name			

**Copy B-To Be Filed With Employee's FEDERAL Tax Return** This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS website at [www.irs.gov/efile](http://www.irs.gov/efile).

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.

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

<b>c</b> Employer's name, address, and ZIP code NOVANT HEALTH CORPORATE NOVANT HEALTH CORPORATE (001) 2085 FRONTIS PLAZA BOULEVARD WINSTON-SALEM NC 27103		<b>7</b> Social security tips	<b>1</b> Wages, tips, other compensation 128222.04	<b>2</b> Federal income tax withheld 20163.90				
<b>e</b> Employee's name, address, and ZIP code VINAY PALAGIRI 9615 BONITA LANE APT #615 CHARLOTTE NC 28262		<b>8</b> Allocated tips	<b>3</b> Social security wages 136330.48	<b>4</b> Social security tax withheld 8452.49				
		<b>9</b>	<b>5</b> Medicare wages and tips 136330.48	<b>6</b> Medicare tax withheld 1976.79				
		<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12 C   110.04				
		<b>13</b> <table border="1"> <tr> <td>Statutory employee</td> <td>Retirement plan</td> <td>Third-party sick pay</td> </tr> <tr> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> </table>	Statutory employee	Retirement plan	Third-party sick pay		<input checked="" type="checkbox"/>	
Statutory employee	Retirement plan	Third-party sick pay						
	<input checked="" type="checkbox"/>							
<b>b</b> Employer identification number (EIN) 56-1376950	<b>12c</b> DD   10628.74							
<b>a</b> Employee's social security number 711-59-8495	<b>12d</b>							
<b>15</b> State NC   060061462	<b>16</b> State wages, tips, etc. 128222.04	<b>17</b> State income tax 5453.00	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name			

**Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)** OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS website at [www.irs.gov/efile](http://www.irs.gov/efile).

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

<b>c</b> Employer's name, address, and ZIP code NOVANT HEALTH CORPORATE NOVANT HEALTH CORPORATE (001) 2085 FRONTIS PLAZA BOULEVARD WINSTON-SALEM NC 27103		<b>7</b> Social security tips	<b>1</b> Wages, tips, other compensation 128222.04	<b>2</b> Federal income tax withheld 20163.90				
<b>e</b> Employee's name, address, and ZIP code VINAY PALAGIRI 9615 BONITA LANE APT #615 CHARLOTTE NC 28262		<b>8</b> Allocated tips	<b>3</b> Social security wages 136330.48	<b>4</b> Social security tax withheld 8452.49				
		<b>9</b>	<b>5</b> Medicare wages and tips 136330.48	<b>6</b> Medicare tax withheld 1976.79				
		<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12 C   110.04				
		<b>13</b> <table border="1"> <tr> <td>Statutory employee</td> <td>Retirement plan</td> <td>Third-party sick pay</td> </tr> <tr> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> </table>	Statutory employee	Retirement plan	Third-party sick pay		<input checked="" type="checkbox"/>	
Statutory employee	Retirement plan	Third-party sick pay						
	<input checked="" type="checkbox"/>							
<b>b</b> Employer identification number (EIN) 56-1376950	<b>12c</b> DD   10628.74							
<b>a</b> Employee's social security number 711-59-8495	<b>12d</b>							
<b>15</b> State NC   060061462	<b>16</b> State wages, tips, etc. 128222.04	<b>17</b> State income tax 5453.00	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name			

**Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return** OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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

<b>c</b> Employer's name, address, and ZIP code NOVANT HEALTH CORPORATE NOVANT HEALTH CORPORATE (001) 2085 FRONTIS PLAZA BOULEVARD WINSTON-SALEM NC 27103		<b>7</b> Social security tips	<b>1</b> Wages, tips, other compensation 128222.04	<b>2</b> Federal income tax withheld 20163.90				
<b>e</b> Employee's name, address, and ZIP code VINAY PALAGIRI 9615 BONITA LANE APT #615 CHARLOTTE NC 28262		<b>8</b> Allocated tips	<b>3</b> Social security wages 136330.48	<b>4</b> Social security tax withheld 8452.49				
		<b>9</b>	<b>5</b> Medicare wages and tips 136330.48	<b>6</b> Medicare tax withheld 1976.79				
		<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12 C   110.04				
		<b>13</b> <table border="1"> <tr> <td>Statutory employee</td> <td>Retirement plan</td> <td>Third-party sick pay</td> </tr> <tr> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> </table>	Statutory employee	Retirement plan	Third-party sick pay		<input checked="" type="checkbox"/>	
Statutory employee	Retirement plan	Third-party sick pay						
	<input checked="" type="checkbox"/>							
<b>b</b> Employer identification number (EIN) 56-1376950	<b>12c</b> DD   10628.74							
<b>a</b> Employee's social security number 711-59-8495	<b>12d</b>							
<b>15</b> State NC   060061462	<b>16</b> State wages, tips, etc. 128222.04	<b>17</b> State income tax 5453.00	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name			

**Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return** OMB No. 1545-0008 **Dept. of the Treasury - IRS**