

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

c Employer's name, address, and ZIP code  
 BLUE CROSS BLUE SHIELD OF AL  
 450 RIVERCHASE PARKWAY EAST  
 BIRMINGHAM AL 35244

e Employee's name, address, and ZIP code  
 SHARATH KUMAR ALLAM  
 513 EDENFIELD DR  
 FUQUAY VARINA NC 27526

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NC	601019129	106451.02	4615.00			

**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**  
 OMB No. 1545-0008 Visit the IRS Web Site 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.

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**Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)** OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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

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**Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return** L87 OMB No. 1545-0008 5206 **Dept. of the Treasury - IRS**

7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld
	106451.02	16572.81
8 Allocated tips	3 Social security wages	4 Social security tax withheld
	110120.26	6827.46
9	5 Medicare wages and tips	6 Medicare tax withheld
	110120.26	1596.74
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		D 3669.24
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b DD 19583.08
b Employer identification number (EIN) 63-0103830		12c
a Employee's social security no. 132-61-9893		12d

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