

Copy B To Be Filed With Employee's FEDERAL Tax Return		2023	OMB No. 1545-0008
a. Employee's SSN XXX-XX-9286	1 Wages, tips, other comp. 9166.67	2 Federal income tax withheld 963.25	
b. Employer ID number 45-4661760	3 Social security wages 9166.67	4 Social security tax withheld 568.33	
	5 Medicare wages and tips 9166.67	6 Medicare tax withheld 132.92	
c. Employer's name, address, and ZIP code APOLLO HOSPITALIST GROUP LLC 25 Telser Rd., #1057 LAKE ZURICH, IL 60047			
d. Control number 16			
e. Employee's name, address, and ZIP code SWARNA S GUMMADI 920 SWEETFLOWER DR. HOFFMAN ESTATES, IL 60169			
7 Social security tips		8 Allocated tips	
10 Dependent care benefits		11 Nonqualified plans	
12a Code See inst. for box 12			
13 Statutory employee	14 Other		12b Code
Retirement plan			12c Code
Third party sick pay			12d Code
IL	45-4661760000	9166.67	453.75
15 State Emplr.'s state ID #	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  
This information is being furnished to the Internal Revenue Service. 39-1908647

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		2023	OMB No. 1545-0008
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Form W-2 Wage and Tax Statement Dept. of the Treasury -- IRS  
39-1908647

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable & you fail to report it.

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee)		2023	OMB No. 1545-0008
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Form W-2 Wage and Tax Statement 39-1908647 Dept. of the Treasury -- IRS

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