Copy B To Be Filed With Employee's FEDERAL Tax Return			2023 OMB No. 1545-0008		Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return				2023	OMB No. 1545-0008	
a. Employee's SSN			Federal income ta	x withheld		/ee's SSN		ges,tips, other comp.	2 Federal incom	e tax withheld	
XXX-XX-9286	3.50	9166.67 cial security wages 4	Social security tax	963.25	XXX-2	XX-9286	3.50	9166.67 cial security wages	4 Social security	963.25	
b. Employer ID number		9166.67		568.33	b. Emplo	yer ID number		9166.67		568.33	
45-4661760	5 Me	dicare wages and tips 9166.67	Medicare tax withh	132.92	45-4	661760	5 Med	licare wages and tips 9166.67	6 Medicare tax v	withheld 132.92	
c. Employer's name, addre	ess , an	d ZIP code			c.Emplo	yer's name, addre	ss, and i	ZIP code			
APOLLO HOSPI	TAL	IST GROUP LLC			APO	LLO HOSPI	FALIS	ST GROUP LLC			
25 Telser Rd., #1057					25 Telser Rd., #1057						
LAKE ZURICH,	IL	60047			LAK	E ZURICH,	IL 6	50047			
d. Control number					d. Contro	l number					
16 e. Employee's name, addre	iss, and	d ZIP code			e. Emplo	yee's name, addres	s. and Z	IP code			
SWARNA S GUM						RNA S GUMI					
920 SWEETFLO						SWEETFLO		DR.			
HOFFMAN ESTA	TES	, IL 60169			HOF	FMAN ESTA	res,	IL 60169			
7 Social security tips	curity tips 8 Allocated tips				7 Social	7 Social security tips		8 Allocated tips			
10 Dependent care benefits	t care benefits 11 Nonqualified plans		12a Code See inst. for box 12		10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12		
	4 Othe							· · ·			
13 Statutory employee 1	4 Othe	r	12b Code		13 Statuto	ry employee	14 Othe	r	12b Code		
Retirement plan			12c Code		Re	tirement plan			12c Code		
Third party sick pay			12d Code		Thir	d party sick pay			12d Code		
	1000	9166.6	7	453.75	IL	45-466170	50000	9166.	67	453.75	
										155.75	
15 State Emplr.'s state I 18 Local wages, tips,etc.	D #	16 State wages, tips, etc. 19 Local income tax	17 State income 20 Locality name	e tax	15 State 18 Local	Emplr.'s state I wages, tips, etc.		16 State wages, tips, etc. 19 Local income tax	17 State ind 20 Locality r		
Form W-2 Wage and Tax S	Statem	ent	Dept. of the Tre	easury IRS	Form \	N-2 Wage and Tax	Stateme	ent	Dept. of the	Treasur y IRS	
This information is being	furnis	hed to the Internal Revenue Ser	vice.	39-1908647						39-190864	
				_	+						
penalty/other sanction may	be imp	shed to the IRS. If you are required osed on you if this income is taxable				W2-B22C		yright AccountantsWorld, 2004			
Copy C For EMPLOYE (See Notice to Emplo		RECORDS	2023	OMB No. 1545-0008		To Be Filed W Local Incom		nployee's State, Return	2023	OMB No. 1545-0008	
a. Employee's SSN		ges,tips, other comp. 2 9166.67	Federal income ta	x withheld 963.25	a. Employ			ges,tips, other comp. 9166.67	2 Federal income		
XXX-XX-9286	3 Soc	ial security wages 4	Social security tax	withheld	XXX-X	KX-9286	3 Soc	ial security wages	4 Social security	tax withheld	
b. Employer ID number		9166.67	Medicare tax with	568.33	b. Emplo	yer ID number	C Mar	9166.67	C Madiana tau	568.33	
45-4661760	5 IVIEC	licare wages and tips 9166.67		132.92	45-4	661760	5 Mec	licare wages and tips 9166.67	6 Medicare tax v	132.92	
c. Employer's name, address, and ZIP code						c. Employer's name, address, and ZIP code					
APOLLO HOSPITALIST GROUP LLC					APOLLO HOSPITALIST GROUP LLC						
25 Telser Rd., #1057 LAKE ZURICH, IL 60047					25 Telser Rd., #1057 LAKE ZURICH, IL 60047						
	ТГ	60047				E ZURICH,	TT (	30047			
d. Control number 16					d. Contro	Inumber					
e. Employee's name, address, and ZIP code					e. Employee's name, address, and ZIP code						
SWARNA S GUMMADI					SWA	SWARNA S GUMMADI					
920 SWEETFLO						SWEETFLO					
HOFFMAN ESTA	TES	, IL 60169			HOF	FMAN ESTA	res,	IL 60169			
7 Social security tips		8 Allocated tips			7 Social	security tips		8 Allocated tips			
10 Dependent care benefi	ts	11 Nonqualified plans	12a Code See ins	st. for box 12	10 Depen	dent care benefits		11 Nonqualified plans	12a Code See	e inst. for box 12	
13 Statutory employee 1	4 Othe	<b>-</b>	12b Code		12 Statut	ory employee	14 Other		12b Code		
13 Statutory employee	4 0116	I.	12D COde		13 Statut	ory emproyee	14 Other		120 Code		
Retirement plan			12c Code		Ret	irement plan			12c Code		
Third party sick pay			12d Code		Third	d party sick pay			12d Code		
IL 45-4661760	0000	9166.6	7	453.75	IL	45-466170	50000	9166.	.67	453.75	
			17 State incom		15 State						
15 State EmpIr.'s state I 18 Local wages, tips, etc.		16 State wages, tips, etc. 19 Local income tax	20 Locality name			Emplr.'s state I wages, tips, et c.		16 State wages, tips, etc. 19 Local income tax	20 Locality na		
Form W-2 Wage and Tax	Stater	nent 39-1908647	Dept. of the T	reasury IRS	Form	W-2 Wage and Tax	Statem	ent 39-1908647	Dept. of the	Treasury IRS	