

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

c Employer's name, address, and ZIP code

ASCENSION HEALTH MINISTRY SERV
AGENT FOR ASCENSION HEALTH ALLIANCE
4040 VINCENNES CIRCLE
INDIANAPOLIS IN 46268

e Employee's name, address, and ZIP code

Suff. SANDEEP TATIKONDA
329 TOTOWA RD
APT 207
TOTOWA NJ 07512

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
NJ	273-138-686/000	27655.24	1578.96		125.86	UI/WF/SWF

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 Web Site at 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.)

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

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