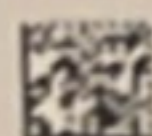


WG20240119242107



GEETA R KATRI
11341 S 1420 W
DRAPER UT 84095



1 Wages, tips, other compensation 364.35		2 Federal Income tax withheld	
3 Social security wages 364.35		4 Social security tax withheld 22.59	
5 Medicare wages and tips 364.35		6 Medicare tax withheld 5.28	
a Employee's SSA number 665-33-3294		Employer use only	
b Employer's FED ID number 36-1924025		d Control number 04569410	
c Employer's name, address, and ZIP code WALGREEN CO. Agent For: WALGREEN CO. 200 Wilmot Rd Deerfield IL 60015			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-Party Sick pay <input type="checkbox"/>		12b	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. Geeta R Katri 11341 S 1420 W Draper UT 84095			
f Employee's address and ZIP code			
15 State UT	Employer's state ID 12226717004WTH	18 Local wages, tips, etc.	
16 State wages, tips, etc. 364.35		19 Local income tax	
17 State income tax 3.52		20 Locality name	
Form W-2 OMB No. 1545-0008 2023 Wage and Tax Statement Copy C for Employee's records Dept. of the Treasury - Internal Revenue Service This information is being furnished to the IRS. 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.			

1 Wages, tips, other compensation 364.35		2 Federal Income tax withheld	
3 Social security wages 364.35		4 Social security tax withheld 22.59	
5 Medicare wages and tips 364.35		6 Medicare tax withheld 5.28	
a Employee's SSA number 665-33-3294		Employer use only	
b Employer's FED ID number 36-1924025		d Control number 04569410	
c Employer's name, address, and ZIP code WALGREEN CO. Agent For: WALGREEN CO. 200 Wilmot Rd Deerfield IL 60015			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-Party Sick pay <input type="checkbox"/>		12b	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. Geeta R Katri 11341 S 1420 W Draper UT 84095			
f Employee's address and ZIP code			
15 State UT	Employer's state ID 12226717004WTH	18 Local wages, tips, etc.	
16 State wages, tips, etc. 364.35		19 Local income tax	
17 State income tax 3.52		20 Locality name	
Form W-2 OMB No. 1545-0008 2023 Wage and Tax Statement Copy 2 To Be Filed With Employee's STATE Income Tax Return Dept. of the Treasury - Internal Revenue Service			

1 Wages, tips, other compensation 364.35		2 Federal Income tax withheld	
3 Social security wages 364.35		4 Social security tax withheld 22.59	
5 Medicare wages and tips 364.35		6 Medicare tax withheld 5.28	
a Employee's SSA number 665-33-3294		Employer use only	
b Employer's FED ID number 36-1924025		d Control number 04569410	
c Employer's name, address, and ZIP code WALGREEN CO. Agent For: WALGREEN CO. 200 Wilmot Rd Deerfield IL 60015			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-Party Sick pay <input type="checkbox"/>		12b	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. Geeta R Katri 11341 S 1420 W Draper UT 84095			
f Employee's address and ZIP code			
15 State UT	Employer's state ID 12226717004WTH	18 Local wages, tips, etc.	
16 State wages, tips, etc. 364.35		19 Local income tax	
17 State income tax 3.52		20 Locality name	
Form W-2 OMB No. 1545-0008 2023 Wage and Tax Statement Copy B To Be Filed With Employer's FEDERAL Tax Return Dept. of the Treasury - Internal Revenue Service			

1 Wages, tips, other compensation 364.35		2 Federal Income tax withheld	
3 Social security wages 364.35		4 Social security tax withheld 22.59	
5 Medicare wages and tips 364.35		6 Medicare tax withheld 5.28	
a Employee's SSA number 665-33-3294		Employer use only	
b Employer's FED ID number 36-1924025		d Control number 04569410	
c Employer's name, address, and ZIP code WALGREEN CO. Agent For: WALGREEN CO. 200 Wilmot Rd Deerfield IL 60015			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-Party Sick pay <input type="checkbox"/>		12b	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. Geeta R Katri 11341 S 1420 W Draper UT 84095			
f Employee's address and ZIP code			
15 State UT	Employer's state ID 12226717004WTH	18 Local wages, tips, etc.	
16 State wages, tips, etc. 364.35		19 Local income tax	
17 State income tax 3.52		20 Locality name	
Form W-2 OMB No. 1545-0008 2023 Wage and Tax Statement Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return Dept. of the Treasury - Internal Revenue Service			