

OMB No. 1545-0008
d Control Number
1 Wages, tips, other compensation 33269.87
2 Federal income tax withheld 2437.00
b Employer identification number (EIN) 20-5716594
3 Social security wages 33981.26
4 Social security tax withheld 2106.84
a Employee's social security number 026-75-8429
5 Medicare wages and tips 33981.26
6 Medicare tax withheld 492.73
c Employer's name, address and ZIP code
CHANGE HEALTHCARE SOLUTIONS, LLC
3055 LEBANON PIKE
SUITE 1000
NASHVILLE TN 37214

7 Social security tips
8 Allocated tips
9
10 Dependent care benefits
11 Nonqualified plans
12a Code C 24.00
12b Code D 711.39
12c Code DD 7542.68
12d See instructions for box 12
13 Statutory employee Retirement plan Third-party sick pay 14 Other
X

e Employee's name, address and ZIP code
MAHESH B KATRI
11341 S 1420 W
SOUTH JORDAN UT 84095

2023 Form W-2
15 State Employer's state I.D. no. UT 11905699003WTH
16 State wages, tips, etc. 33269.87

Wage and Tax Statement
Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)
17 State income tax 1605.39
18 Local wages, tips, etc.
19 Local income tax
20 Locality name
Department of the Treasury - Internal Revenue Service

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2023 Form W-2
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Wage and Tax Statement
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.
17 State income tax 1605.39
18 Local wages, tips, etc.
19 Local income tax
20 Locality name
Department of the Treasury - Internal Revenue Service

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16 State wages, tips, etc. 33269.87

Wage and Tax Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
17 State income tax 1605.39
18 Local wages, tips, etc.
19 Local income tax
20 Locality name
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