

Copy B-To Be Filed With Employee's FEDERAL Tax Return		Form W-2 Wage and Tax Statement		OMB No. 1545-0008
2018		1 Wages, tips, other comp. 26539.84	2 Federal income tax withheld 2412.82	
a Employee's SSN 033-94-5072	3 Social security wages 26539.84	4 Social security tax withheld 1645.47		
b Employer ID No. (EIN) 95-3382344	5 Medicare wages and tips 26539.84	6 Medicare tax withheld 384.83		
c Employer's name, address, and ZIP code CAREMARK, L.L.C. 1 CVS DRIVE WOONSOCKET, RI 02895				
d Control number				
e Employee's first name and initial HARIKA KATHI		Last name 1096 S PARKSIDE DR PALATINE, IL 60067		Suff.
f Employee's address, and ZIP code				
7 Social security tips	8 Allocated tips	9 Verification code		
10 Dependent care benefits	11 Nonqualified plans	12a code See instr. for box 12 C 1.40		
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b code DD		88.20	
14 Other		12c code		
		12d code		
15 State IL	Employer's state ID no. 95-3382344	16 State wages, tips, etc. 26539.84	17 State income tax 1313.70	
18 Local wages, tips, etc.		19 Local income tax	20 Locality name	

Department of the Treasury-Internal Revenue Service

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Department of the Treasury-Internal Revenue Service

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.

100017497-000182269-001-001-7269

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy 2.)		Form W-2 Wage and Tax Statement		OMB No. 1545-0008
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