

2019 W-2 and EARNINGS SUMMARY

Employee Reference Copy
W-2 Wage and Tax Statement 2019
 Copy C for employee's records. OMB No. 1545-0008

d Control number 00510634	Dept. TS7	Corp. P705	Employer use only S 23251
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c Employer's name, address, and ZIP code
MONTEFIORE MEDICAL CENTER
 111 E 210TH ST
 BRONX, NY 10467
 080021-ADMINISTRATION

e/f Employee's name, address, and ZIP code
NAGARJUNA TIPPIREDDY
 2228 DUNE CREST ROAD #226
 INDIANAPOLIS, IN 46217

b Employer's FED ID number 13-1740114	a Employee's SSA number 092-83-7714
1 Wages, tips, other comp. 27292.08	2 Federal income tax withheld 3961.45
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 E 186.92
14 Other 41.76 NY PFL 10.80 NY SDI	12b DD 2116.64
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay X
15 State NY Employer's state ID no. 131740114 8	16 State wages, tips, etc. 27292.08
17 State income tax 1436.44	18 Local wages, tips, etc. 27292.08
19 Local income tax 136.48	20 Locality name YONKERS

NAGARJUNA TIPPIREDDY
 2228 DUNE CREST ROAD #226
 INDIANAPOLIS, IN 46217

Social Security Number: 092-83-7714
 Taxable Marital Status:
 SINGLE
 Exemptions/Allowances:
 Federal: 1
 State: 0
 Local: 0



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W-2 Wage and Tax Statement 2019
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

NY State Filing Copy
W-2 Wage and Tax Statement 2019
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

City or Local Filing Copy
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