

Form **W-2 Wage and Tax Statement** 2019

c Employer's name, address, and ZIP code GE HEALTHCARE IIITS USA CORP. PO BOX 5000 SCHENECTADY NY 12301		7 Social security tips	1 Wages, tips, other compensation 64617.98	2 Federal income tax withheld 11178.56
		8 Allocated tips	3 Social security wages 69770.68	4 Social security tax withheld 4325.73
		9	5 Medicare wages and tips 69770.68	6 Medicare tax withheld 1011.66
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 79.80
e Employee's name, address, and ZIP code HARISH GOUD MANDHADI 400 WALL ST APT 614 SEATTLE WA 98121		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other	
		b Employer identification number (EIN) 03-0363612	12b D 5152.70	
		a Employee's social security number 368-45-2707	12c DD 2957.50	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
				20 Locality name

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 website 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 the back of Copy B.) OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS website at www.irs.gov/efile.

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