

Form W-2 Wage and Tax Statement 2021		7 Social security tips		1 Wages, tips, other comp. 6259.45		2 Federal income tax withheld 697.10					
c Employer's name, address, and ZIP code ASCENSION HEALTH MINISTRY SERV AGENT FOR PROMED HEALTHCARE, INC 4040 VINCENNES CIRCLE INDIANAPOLIS IN 46268		8 Allocated tips		3 Social security wages 6780.67		4 Social security tax withheld 420.40					
		9		5 Medicare wages and tips 6780.67		6 Medicare tax withheld 98.32					
		10 Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12 C 8.85					
		13 Statutory employee Retirement plan Third-party sick pay b Employer identification number (EIN) 27-3138686 a Employee's social security no. 226-89-4114		14 Other		12b E 521.22 12c 12d					
15 State Employer's state I.D. no. MI 27-3138686		16 State wages, tips, etc. 6259.45		17 State income tax 266.03		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 Web Site at www.irs.gov/efile			

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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)				OMB No. 1545-0008				Dept. of the Treasury - IRS			

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