## V-2 Wage and Tax 20

Control number Dept. 004922 CHIC/UPJ 27362A

EIC 3391

Employer's name, address, and ZIP code SOUTHERN HOME CARE SERVICES INC 805 N WHITTINGTON PKWY LOUISVILLE KY 40222

Batch #02795

ef Employee's name, address, and ZIP code EXILA J DULCIO 1140 RIVER OVERLOOK CT LAWRENCEVILLE GA 30043

_	ployer's FED ID number 58-1408815	a Employee's SSA number XXX - XX - 9746			
	iges, tips, other comp. 8735.96	2 Federal income tax withheld			
-	cial security wages 8735.96	4 Social security tax withheld 541.63			
-	edicare wages and tips 8735.96 cial security tips	b Medicare tax withheld			
1 Non	qualified plans	10 Dependent care benefits 12a See instructions for box 12			
4 Other		12b   12c   12d			
		13 Stat emp. Ret. plan 3rd party sick pay			
UA	3618/52-KY	16 State wages, tips, etc. 8735 . 96			
State	income tax	18 Local wages, tips, etc.			
	177.28 I income tax				

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted

y mas adju	sted as follows to produc	e your W-2 Statem	ient.	
	Wages, Tips, other	Social Security	Medicare	GA. State Wages,
	Compensation	Wages	Wages	Tips, Etc.
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	Box 16 of W-2
Gross Pay	8,735.96	8,735.96	8,735.96	8,735.96
Reported W-2 Wages	8,735.96	8, <b>7</b> 35.96	8,735.96	8,735.96

2. Employee Name and Address

EXILA J DULCIO 1140 RIVER OVERLOOK CT LAWRENCEVILLE GA 30043

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Wages, tips, other comp. 8735.96 Social security wages 8735.96 Medicare wages and tips 8735.96		Federal income tax withheld     Social security tax withheld     541,63			
		Control number 104922 CH1C/UPJ	Dept. 27362A	Corp.	Employer use only T EIC 3391

Employer's name, address, and ZIP code SOUTHERN HOME CARE SERVICES INC 805 N WHITTINGTON PKWY LOUISVILLE KY 40222

a Employee's SSA number XXX-XX-9746
# Allocated tips
10 Dependent care benefits
12a See instructions for box 12
F.Dib
YBM  1-3 Stat coup, That place   Sed party sick pay

140 RIVER OVERLOOK OF AWRENCEVILLE GA 30043

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Perforal Fishing Poly Wego bad

1 Coolel	
3 Social security wages 8735.96	4 Social security tax withheld 541.63
5 Medicare wages and tips 8735.96	6 Medicare tax withheld
d Cantrol number Dep	
004922 CHIC/UPJ 2736	

SOUTHERN HOME CARE SERVICES INC 805 N WHITTINGTON PKWY LOUISVILLE KY 40222

b Employer's FED ID number 58 - 1408815	a Employee's SSA number XXX - XX - 9746			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a			
4 Other	12b			
	12e			
	124			
	13 Stat comp. Flot, plan 3rd party sick ;			

EXILA J DULCIO 1140 RIVER OVERLOOK CT LAWRENGEVILLE GA 30043

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2 Ways and fax 20

1	Wages, tips, other comp. 8735.96			Feder	ome tax	withhel	
3	3 Social security wages 8735.96		4	Social	secu		withheld
5 Medicare wages and tips 8735.96				Medica	eare tax withheld		
d Control number Dept. 004922 CHIC/UPJ 27362A				Corp.	T		use onl

SOUTHERN HOME CARE SERVICES INC 805 N WHITTINGTON PKWY LOUISVILLE KY 40222

b	Employer's FED ID number 58-1408815	a Employee's SSA number XXX - XX - 9746
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
		12e
		136
		13 Stat soop Plat, plan and party

of Employee's name, address and IIP scale EXILA J DULCIO 1140 RIVER OVERLOOK OF LAWRENGEVILLE GA 30043

IN State Employer's state ID III. IAA DB I B 792 : R Y	in muse wages, tips, pipe a
17 Brain brains in	THE RESIDENCE OF STREET
18 Lacat Income tax 177 : 28	#A Lunciny Comm

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## W-2 Wage and Tax 2022 Statement Statement

d Control number Dept 004922 CHIC/UPJ 27362A

Employer use only T EIC 3391

splayer's name. edifrons, and ZIP code SOUTHERN HOME CARE SERVICES INC 805 N WHITTINGTON PKWY LOUISVILLE KY 40222

Batch #02795

af Employee's name, address, and ZIP code

EXILA J DULCIO 1140 RIVER OVERLOOK CT LAWRENCEVILLE GA 30043

58 - 1408815	a Employee's SSA number			
Wages, tips, other comp.	2 Federal income tax withheld			
8735.96				
3 Social security wages 8735.96	4 Social security tax withheld 541.63			
Medicare wages and tips 8735.96	6 Medicare tax withheld 126.67			
Social security tips	8 Affocated tips			
	10 Dependent care benefits			
1 Nonqualified plans	12a See instructions for box 12			
4 Other	12b			
	12d			
	13 Stat emp. Ret. plan 3rd party sick pay			
5 State Employer's state ID no. GA 3518752-KY	16 State wages, tips, etc. 8735 . 96			
7 State income tax 177,28 9 Local income tax	18 Local wages, tips, etc.			
	20 Locality name			

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement

Wages, Tips, other Compensation

Social Security Medicare
Wages
Box 3 of W-2
Box 5 of W-2

GA. State Wages, Tips, Etc. Box 16 of W-2

Gross Pay Reported W-2 Wages

8,735.96 8,735.96

8,735.96 8,735.96

8,735.96 8,735.96 8,735.96 8,735.96

2. Employee Name and Address.

EXILA J DULCIO 1140 RIVER OVERLOOK CT LAWRENCEVILLE GA 30043

O 2022 ADP. Inc.

	Wages, tips, other o	отр. 35.96	2	Federa	il incor	me tax y	vithheld
	Social security wage 87:	35.96	4	Social	secur	ity tax w	ithheld 41.63
	Medicare wages and tips 8735.96		Medicare wages and tips 6 Medi 8735.96		are tax withheld 126.67		
	Control number	Dept		Corp.	Em	player u	ise only
M	04922 CHIC/UPJ	27362A			T		3391

Employer's name, address, and ZIP code SOUTHERN HOME CARE

SERVICES INC 805 N WHITTINGTON PKWY LOUISVILLE KY 40222

Employer's FED ID number 58 - 1408815	a Employee's SSA number XXX - XX - 9746				
Social security tips	8 Allocated tips				
	10 Dependent care benefits				
1 Nonqualified plans	12a See instructions for box 12				
4 Other	12b				
	12c				
	12d				
	13 Stat emp. Ret. plan 3rd party sick pay				

# Employee's name, address and ZIP code

EXILA J DULCIO 140 RIVER OVERLOOK CT AWRENCEVILLE GA 30043

5 State Employer's state ID no. GA 3618752 - KY	16 State wages, tips, etc. 8735, 96
7 State income tax 177.28	18 Local wages, tips, etc.
Local income tax	20 Locality name

W-2 Wage and Tax 2022
Statement

1	Wages, tips, other comp. 8735.96					
3	Social security wages 8735.96		4 Social security tax withheld 541.63			
5	5 Medicare wages and tips 8735.96		6 Medi	care tax withheld 126.67		
d	Control number	Dept	Corp.	Employer use only		
00	04922 CHIC/UPJ	27362A		T EIC 3391		

c Employer's name, address, and ZIP code

SOUTHERN HOME CARE SERVICES INC 805 N WHITTINGTON PKWY LOUISVILLE KY 40222

ь	Employer's FED ID number 58 - 1408815	a Employee's SSA number XXX-XX-9746		
7	Social security tips	8 Allocated tips		
9		10 Dependent care benefits		
11	Nonqualified plans	12a		
14 Other	12b			
	12c			
		12d		
		13 Stat emp. Ret. plan 3rd party sick pa		

e/f Employee's name, address and ZIP code

EXILA J DULCIO 1140 RIVER OVERLOOK CT LAWRENCEVILLE GA 30043

GA State		Employer's state ID no. 3618752 - KY	. 16 State wages, tips, etc. 8735, 96		
17	State	income tax 177.28	18 Local wages, tips, etc.		
19	Loca	l income tax	20 Locality name		

GA.State Reference Copy

Wage and Tax

Open No. 1545-0001

1	Wages, tips, other comp. 8735 . 96		2	Federa	inco	ome tax	withheli
3	Social security wages 8735,96		4	Social	secu	rity tax	withheld
5	Medicare wages and tips 8735.96		6	Medica	re ta	x withhe	ld 126.67
d	Control number	Dept.		Corp.	E	mployer	use onl
00	4922 CHIC/UPJ	27362A		9	T	EIC	3391

c Employer's name, address, and ZIP code

SOUTHERN HOME CARE SERVICES INC 805 N WHITTINGTON PKWY LOUISVILLE KY 40222

b	Employer's FED ID number 58-1408815	a Employee's SSA numbe XXX - XX - 974	
7	Social security tips	8 Allocated tips	
9		10 Dependent care benefits	
11	Nonqualified plans	12a	
14 Other	Other	12b	
		12c	
		12d	
		13 Stat emp. Ret. plan 3rd party s	

EXILA J DULCIO

1140 RIVER OVERLOOK CT LAWRENCEVILLE GA 30043

15 State Employer's state ID no. GA 3618752 - KY	16 State wages, tips, etc. 8735.96
177.28	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

GA.State Filing Copy

W-2 Wage and Tax
Statement

GA.State Filing Copy

W-2 Statement

## STATE OF GEORGIA NURSE AIDE REGISTRY APPLICATION FOR RENEWAL AS A CERTIFIED NURSE AIDE

EXILA DULCIO 1140 RIVER OVERLOOK CT LAWRENCEVILLE, GA 30043

DOB: XX/XX/1959 CERTIFICATION #: CN0028834689

PHONE #: 678-377-8762

Date of Hire	Date of End of Employment
Employer's Address, City, State, Zip Code	Type of Employer
Employer (Facility or Agency Name)	Employer's Phone Number
of employment. Acceptable Private Duty services must	omplete the information below for your most recent job within the prior 24 on the prior 24 of a check stub, W-2 Form or letter from employer on letterhead as protest be under the general supervision of a LPN/RN Private Duty requirement atties, signature of employer, signature of LPN/RN and license number, tings verification of employment.
2/27/2020 Adlewisoye Date of Hire EMPLOYER SIGNA	BSN RN DS/20/2002
Current Employer (Facility or Agency Name)  5 Sugar was Kwy  Employer's Address, City, State, Zip Code 300	Employer's Phone Number  10 Lowelle - Private Home Care -  Type of Employer
M HOODER C.	(770) 822 2748
If you are currently working as a CNA, please complete check stub or W-2 Form as proof of employment. Acce LPN/RN Private Duty requirements must include a not	the the information below with your employer's signature and a <u>copy</u> of a ceptable Private Duty services must be under the general supervision of a arized statement with detailed job duties, signature of employer, signature d a <u>copy</u> of check stub or W-2 form as verification of employment.
Verification of Employment Section A	
I certify that all the information on this form is true and  Dullin Exila  Signature of Nurse Aide	05 - 30 - 2023 Date
Loostification 19 d. 7 d.	
If any of the above information is incorrect, please draw information below:	w a line through the incorrect information and printiffic correct
	ERTIFICATION DATE: 06/24/2023  EMAIL: cherfilse@yahoo.com

Please return form via mail or upload to GAMMIS Web Portal. Mailing address is listed below: Alliant Health Solutions, PO Box 105753, Atlanta, GA 30348

Upload form and required documents via the GAMMIS Web Portal at www.mmis.georgia.gov, click on the Nurse Aide/Medication tab, then click Nurse Aide Program Self Service Portal to upload all forms/documents.

Please allow 10 business days from receipt for processing.