

# Employee Reference Copy W-2 Wage and Tax Statement 2022

OMB No. 1545-0047  
a Control number 004922 CHIC/UPJ 27362A  
b Employer's name, address, and ZIP code  
SOUTHERN HOME CARE  
SERVICES INC  
805 N WHITTINGTON PKWY  
LOUISVILLE KY 40222

Batch #02795

c Employee's name, address, and ZIP code

EXILA J DULCIO  
1140 RIVER OVERLOOK CT  
LAWRENCEVILLE GA 30043

1 Employer's FED ID number 58-1408815	2 Employee's SSA number XXX-XX-9746
3 Wages, tips, other comp. 8735.96	4 Federal income tax withheld
5 Social security wages 8735.96	6 Social security tax withheld 541.63
7 Medicare wages and tips 8735.96	8 Medicare tax withheld 126.67
9 Social security tips	10 Allocated tips
11 Nonqualified plans	12a See instructions for box 12
12b	12c
12d	13 Stat emp./flat plan/ind party sick pay
14 Other	15 State wages, tips, etc. 8735.96
16 State income tax 177.28	17 Local wages, tips, etc.
18 Local income tax	19 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 Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	GA. State Wages, Tips, Etc. 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	8,735.96	8,735.96	8,735.96

2. Employee Name and Address.

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7 Control number 004922 CHIC/UPJ 27362A	8 Dept. T
9 Corp. EIC 3391	10 Employer use only

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15 Nonqualified plans	16 Dependent care benefits
17 Other	18a See instructions for box 12
18b	18c
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W-2 Wage and Tax Statement 2022

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# Employee Reference Copy W-2 Wage and Tax Statement 2022

OMB No. 1545-0048  
Date: 01-01-2022  
Control number 004922 CHIC/UPJ 27362A  
Dept. Corp. Employer use only  
T EIC 3391

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SERVICES INC  
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LOUISVILLE KY 40222

Batch #02795

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

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11 Other	12a See instructions for box 12
12b	12c
12d	13 Stat emp./Ret. plan/3rd party sick pay
15 State Employer's state ID no. GA 3618752-KY	16 State wages, tips, etc. 8735.96
17 State income tax 177.28	18 Local wages, tips, etc.
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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.

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140 RIVER OVERLOOK CT  
LAWRENCEVILLE GA 30043

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Federal Filing Copy  
W-2 Wage and Tax Statement 2022  
OMB No. 1545-0048

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GA State Filing Copy  
W-2 Wage and Tax Statement 2022  
OMB No. 1545-0048



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  
RECERTIFICATION DATE: 06/24/2023  
EMAIL: ~~charfilse@yahoo.com~~  
*dulciorerilago@mail.com*

If any of the above information is incorrect, please draw a line through the incorrect information and print the correct information below:

I certify that all the information on this form is true and complete.

Dulcio Exila  
Signature of Nurse Aide

05-30-2023  
Date

Verification of Employment

Section A

If you are currently working as a CNA, please complete the information below with your employer's signature and a copy of a check stub or W-2 Form as proof of employment. Acceptable Private Duty services must be under the general supervision of a LPN/RN Private Duty requirements must include a notarized statement with detailed job duties, signature of employer, signature of LPN/RN and license number, time frame worked and a copy of check stub or W-2 form as verification of employment.

C&M Healthcare Services (770) 822-2748  
Current Employer (Facility or Agency Name) Employer's Phone Number  
5435 Sugarloaf Pkwy Lawrenceville Private Home care  
Gaite 2203 30043 Type of Employer  
Employer's Address, City, State, Zip Code  
12/27/2020 Alewis BSN, RN 05/30/2023  
Date of Hire EMPLOYER SIGNATURE Date

Section B

If you are NOT currently working as a CNA, please complete the information below for your most recent job within the prior 24 consecutive months as a nurse aide. Please attach a copy of a check stub, W-2 Form or letter from employer on letterhead as proof of employment. Acceptable Private Duty services must be under the general supervision of a LPN/RN Private Duty requirements must include a notarized statement with detailed job duties, signature of employer, signature of LPN/RN and license number, time frame worked and a copy of check stub or W-2 form as verification of employment.

\_\_\_\_\_  
Employer (Facility or Agency Name) ( )  
Employer's Phone Number  
\_\_\_\_\_  
Employer's Address, City, State, Zip Code Type of Employer  
\_\_\_\_\_  
Date of Hire Date of End of Employment

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](http://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.