

# 2021 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
<b>W-2</b> Wage and Tax Statement <b>2021</b>			
Copy C for employee's records. OMB No. 1545-0008			
d Control number	Dept.	Corp.	Employer use only
0000006670 WSI	7500 A	MZ38	A S 34992
c Employer's name, address, and ZIP code			
UNIVERSITY HOSPITALS HEALTH AGENT FOR:UNIV HOSP PHYSICIANS 3605 WARRENSVILLE CENTER ROAD SHAKER HTS, OH 44122 RETURN POSTAGE GUARANTEED			
e/f Employee's name, address, and ZIP code			
LAUREN M CARPENTER 206 ALLYND BLVD CHARDON, OH 44024			
b Employer's FED ID number	a Employee's SSA number		
34-0714775	XXX-XX-4724		
1 Wages, tips, other comp.	2 Federal income tax withheld		
44778.45	3265.42		
3 Social security wages	4 Social security tax withheld		
44974.93	2788.45		
5 Medicare wages and tips	6 Medicare tax withheld		
44974.93	652.14		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	C 77.17		
14 Other	12b D 196.48		
	12c		
	12d		
	13 Stat emp./Ret. plan/3rd party sick pay		
	X		
15 State	Employer's state ID no.	16 State wages, tips, etc.	
OH	52-411095 4	44778.45	
17 State income tax	18 Local wages, tips, etc.		
1070.99	44974.93		
19 Local income tax	20 Locality name		
787.04	R0581		

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	45,003.98	SOCIAL SECURITY TAX WITHHELD	2,788.45
FED. INCOME TAX WITHHELD	3,265.42	BOX 04 OF W-2	
BOX 02 OF W-2		MEDICARE TAX WITHHELD	652.14
BOX 06 OF W-2		BOX 06 OF W-2	
STATE INCOME TAX	1,070.99	SUI/SDI	0.00
BOX 17 OF W-2		BOX 14 OF W-2	
LOCAL INCOME TAX	787.04		
BOX 19 OF W-2			

To change your employee W-4 profile information  
file a new W-4 with your payroll department

LAUREN M CARPENTER  
206 ALLYND BLVD  
CHARDON, OH 44024

Social Security Number: XXX-XX-4724



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<b>W-2</b> Wage and Tax Statement <b>2021</b>	OMB No. 1545-0008
Copy B to be filed with employee's Federal Income Tax Return.	

OH. State Filing Copy	
<b>W-2</b> Wage and Tax Statement <b>2021</b>	OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.	

City or Local Filing Copy	
<b>W-2</b> Wage and Tax Statement <b>2021</b>	OMB No. 1545-0008
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