

# W-2 Wage and Tax Statement

Department of the Treasury – Internal Revenue Service  
Copy B – To Be Filed With Employee's FEDERAL Tax Return

a Employee's social security number  <b>633-16-2210</b>		b Employer identification number (EIN)  <b>83-0672898</b>		
c Employer's name, address, and ZIP code <b>VMS Palliative Hospice Care LLC</b> 20127 Ivory Valley Lane Cypress , TX 77433		d Control number		
e Employee's first name and initial    Last name    Suff. <b>Fatubaro Oluyemisis</b> 4011 Yale Square CT Katy, TX 77449				
1 Wages, tips, other compensation  <p style="text-align: right;"><b>\$6,292.55</b></p>		2 Federal income tax withheld  <p style="text-align: right;"><b>\$238.44</b></p>		
3 Social security wages  <p style="text-align: right;"><b>\$5,142.44</b></p>		4 Social security tax withheld  <p style="text-align: right;"><b>\$318.84</b></p>		
5 Medicare wages and tips  <p style="text-align: right;"><b>\$6,292.55</b></p>		6 Medicare tax withheld  <p style="text-align: right;"><b>\$74.58</b></p>		
7 Social security tips  <p style="text-align: right;"><b>\$0.00</b></p>		8 Allocated tips  <p style="text-align: right;"><b>\$0.00</b></p>		
9		10 Dependent care benefits  <p style="text-align: right;"><b>\$0.00</b></p>		
11 Nonqualified plans  <p style="text-align: right;"><b>\$0.00</b></p>		12a See instructions for box 12		
13 <input type="checkbox"/> Statutory <input type="checkbox"/> Retirement <input type="checkbox"/> 3rd party sick		14 Other		
15 State  <b>TX</b>	Employer's state ID	16 State wages  <p style="text-align: right;"><b>\$6,292.55</b></p>	17 State income tax  <p style="text-align: right;"><b>\$0.00</b></p>	18 Local wages  <p style="text-align: right;"><b>\$0.00</b></p>

Form W-2 • 2026 • OMB No. 1545-0008

# W-2 Wage and Tax Statement

Department of the Treasury – Internal Revenue Service

Copy C – For EMPLOYEE'S RECORDS

a Employee's social security number <b>633-16-2210</b>		b Employer identification number (EIN) <b>83-0672898</b>		
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5 Medicare wages and tips <b>\$6,292.55</b>		6 Medicare tax withheld <b>\$74.58</b>		
7 Social security tips <b>\$0.00</b>		8 Allocated tips <b>\$0.00</b>		
9		10 Dependent care benefits <b>\$0.00</b>		
11 Nonqualified plans <b>\$0.00</b>		12a See instructions for box 12		
13 <input type="checkbox"/> Statutory <input type="checkbox"/> Retirement <input type="checkbox"/> 3rd party sick		14 Other		
15 State <b>TX</b>	Employer's state ID	16 State wages <b>\$6,292.55</b>	17 State income tax <b>\$0.00</b>	18 Local wages <b>\$0.00</b>

Form W-2 • 2026 • OMB No. 1545-0008

# W-2 Wage and Tax Statement

Department of the Treasury – Internal Revenue Service  
Copy 2 – To Be Filed With Employee's State/Local Tax Return

a Employee's social security number <b>633-16-2210</b>		b Employer identification number (EIN) <b>83-0672898</b>		
c Employer's name, address, and ZIP code <b>VMS Palliative Hospice Care LLC</b> 20127 Ivory Valley Lane Cypress , TX 77433		d Control number		
e Employee's first name and initial    Last name    Suff. <b>Fatubaro Oluyemisis</b> 4011 Yale Square CT Katy, TX 77449				
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5 Medicare wages and tips <b>\$6,292.55</b>		6 Medicare tax withheld <b>\$74.58</b>		
7 Social security tips <b>\$0.00</b>		8 Allocated tips <b>\$0.00</b>		
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11 Nonqualified plans <b>\$0.00</b>		12a See instructions for box 12		
13 <input type="checkbox"/> Statutory <input type="checkbox"/> Retirement <input type="checkbox"/> 3rd party sick		14 Other		
15 State <b>TX</b>	Employer's state ID	16 State wages <b>\$6,292.55</b>	17 State income tax <b>\$0.00</b>	18 Local wages <b>\$0.00</b>

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