

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

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

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

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