These substitute W-2 \ If you worked in multiple	Nage and Tax Statements ocations, or had several for			mposed on you if this in your Federal, State a n. you may receive mo	come is taxable and you not Local Income Tax I are than one of these of	ty or other sanction may be fail to report it. Returns.	
All copies of your W-2 are or separated by perforations. The for your tax returns, the bluecords. General instructions including an explanation of used in box 12 are on the ottpage.	this page, ne white copies are ne copy is for your a for these forms.						
D. CONTROL NUMBER This information is being furnishe to the internal Revenue Service	d 2020 OMB N	O. 1545-0008	1 WAGES TIPS,	OTHER COMPENSATION 78788.30	2 FEDERAL INCOME	TAX WITHHELD 10381.83	
B. EMPLOYER IDENTIFICATION NUMBER  13 - 2695416  A EMPLOYEE'S SOCIAL SECURITY NUMBER  13 - 2695416  811 - 01 - 9292			3 SOCIAL SECURITY WAGES 79725.02			4 SOCIAL SECURITY TAX WITHHELD 4942.95	
C. EMPLOYER'S NAME ADDRESS AND ZIP CODE ZIMMER INC			5 MEDICARE WAGES AND TIPS 79725.02			6 MEDICARE TAX WITHHELD 1156.01	
P O BOX 708 WARSAW, IN 46581 13 Statutory Employee Plan Suk Pay			7 SOCIAL SECURITY TIPS			8 ALLOCATED TIPS  10 DEPENDANT CARE BENEFITS	
E EMPLOYEE'S FRST NAME AND RITUR. LIST NAME SHRAVVA SREE POTLURI 49 N ORCHARD DRIVE, APT 3 WARSAW, IN 46582 F. EMPLOYEE'S CARESS AND IPPOCE 15 STATE EMPLOYER'S STATE LID NO. 16 STATE WAGES, TIPS_ETC. 17 STATE NOCOME.			11 NONQUALIFIED		D W C DD	936.72 750.00 61.88 6656.00	
IN 0001041851001	78788.30	2506		78788.30		OSCIUSKO	
D. CONTROL NUMBER This information is being fit to the internal Revenue Se	mished OMB NO.	1545-0008	WAGES, TIPS, OT	HER COMPENSATION	2 FEDERAL INCOME TA		
B. EMPLOYER IDENTIFICATION NUMBER 13-2695416	A EMPLOYEE'S SOCIAL SECURITY N 811-01-9292	IUMBER 3	SOCIAL SECURITY	78788.30 WAGES 79725.02	4 SOCIAL SECURITY TA	4942.95	
C EMPLOYER'S NAME, ADDRESS AND ZP CODE ZIMMER INC			6 MEDICARE WAGES AND TIPS 79725.02		6 MEDICARE TAX WITH	1156.01	
P O BOX 708 WARSAW, IN 46581			7 SOCIAL SECURIT	YTIPS	8 ALLOCATED TIPS		
			•		10 DEPENDANT CARE		
E EMPLOYEES FIRST NAME AND INTITAL LAST NAME SHRAVYA SREE POTLURI 49 N ORCHARD DRIVE, APT 3 WARSAW, IN 46582			11 NONQUALIFIED	PLANS	12 a-d D W	936.72 750.00	
			14 OTHER		C DD	61.88	
F. EMPLOYEE'S ADDRESS AND ZIPCODE  15 STATE EMPLOYER'S STATE I.D. NO.	16 STATE WAGES, TIPS,ETC.	17 STATE INCOME T	AX 181	OCAL WAGES, TIPS, ETC.	13 Statutory Employee	Retirement X Third-Party Plan X Sick pay	
IN 0001041851001	78788.30		5.96	78788.30	776.09	KOSCIUSKO Internal Revenue Service	
Copy 2 To be filed with Employee's ST FORM <b>W-2 Wage and Tax St</b>		return 2 (	020		D AND TEAR ALONG PE		
D. CONTROL NUMBER This information is being f to the Internal Revenue S	ervice OMB NC	0. 1545-0008	1 WAGES , TIPS,	78788.30	2 FEDERAL INCOM		
B. EMPLOYER IDENTIFICATION NUMBER         A EMPLOYEE'S SOCIAL SECURITY NUMBER           13-2695416         811-01-9292			3 SOCIAL SECURITY WAGES 79725.02		4 SOCIAL SECURIT	4942.95	
C EMPLOYERS NAME ADDRESS AND 2P CODE  ZIMMER INC P O BOX 708  WARSAW, IN 46581  E EMPLOYEES FIRST NAME AND NITIAL LAST NAME SHRAVYA SREE POTLURI 49 N ORCHARD DRIVE, APT 3  WARSAW, IN 46582			5 MEDICARE WAGES AND TIPS 79725.02		6 MEDICARE TAX	1156.01	
			7 SOCIAL SECUR	ITY TIPS	8 ALLOCATED TIP		
					10 DEPENDANT CAR		
			11 NONQUALIFIED	PLANS	12 a-d D W	936.72 750.00	
			14 OTHER		C DD	61.88 6656.00	
F EMPLOYEE'S ADDRESS AND ZIPCODE					13 Statutory Employee	Retirement X Third-Party Plan X Sick pay	
IN 0001041851001	78788.30	17 STATE INCOME TO	6.96	78788.30	776.09	20 LOCALITY NAME KOSCIUSKO	
Copy 2 To be filed with Employee's S FORM <b>W-2 Wage and Tax S</b>		x return 2	020		Dept. of the Treasury -	Internal Revenue Service	
D. CONTROL NUMBER This information is being f to the internal Revenue S	urnished omb NO	. 1545-0008	1 WAGES, TIPS	78788.30	2 FEDERAL INCOME	10381.83	
EMPLOYER DENTIFICATION NUMBER         A EMPLOYEE'S SOCIAL SECURITY NUMBER           13-2695416         811-01-9292			3 SOCIAL SECURITY WAGES 79725.02			4 SOCIAL SECURITY TAX WITHHELD  4942, 95 6 MEDICARE TAX WITHHELD	
C EMPLOYER'S NAME, ADDRESS AND ZIP CODE ZIMMER INC			79725.02 1156.01				
P O BOX 708 WARSAW, IN 46581			7 SOCIAL SECUR	ITY TIPS	8 ALLOCATED TIPS		
			•	LOS CALL		BENEFITS	
E EMPLOYEES FIRST NAME NO INITIAL AST NAME SHRAVYA SREE POTLURI 49 N ORCHARD DRIVE, APT 3 WARSAW, IN 46582			11 NONQUALIFIE	D PLANS	12 a-d D W	936.72 750.00	
			14 OTHER		C DD	61.88 6656.00	
F EMPLOYEE'S ADDRESS AND ZIPCODE					13 Statutory Employee	Retirement X Third-Party Sick pay	
15 STATE EMPLOYERS STATE ID. NO.  IN 0001041851001	18 STATE WAGES, TIPS, ETC. 78788.30	17 STATE INCOME:	FAX 18	1000 T 10	19 LOCAL INCOME TAX 776.09	20 LOCALITY NAME KOSCIUSKO	
Copy B To be filed with Employee's F FORM <b>W-2 Wage and Tax S</b>	EDERAL tax return		020		Dept. of the Treasury -	Internal Revenue Service	

Visit www.irs.gov/efile for e-file details.

© CERIDIAN