

**FORM W-2 Wage and Tax Statement**  
 Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

Dept. of the Treasury • Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

All copies of your W-2 are on this page, separated by perforations. The white copies are for your tax returns; the blue copy is for your records. General instructions for these forms, including an explanation of the letter codes used in box 12 are on the other side of the page.

|  |  |   |                                      |                   |                            |                                    |  |                                |                                 |  |                            |  |  |                     |  |  |                  |  |  |
|--|--|---|--------------------------------------|-------------------|----------------------------|------------------------------------|--|--------------------------------|---------------------------------|--|----------------------------|--|--|---------------------|--|--|------------------|--|--|
| D. CONTROL NUMBER                              |  | This information is being furnished to the Internal Revenue Service |                                      | OMB NO. 1545-0008 |                            | 1. WAGES, TIPS, OTHER COMPENSATION |  | 2. FEDERAL INCOME TAX WITHHELD |                                 |  |                            |  |  |                     |  |  |                  |  |  |
|  |  | 2020  |                                      |                   |                            | 51773.52                           |  | 5785.14                        |                                 |  |                            |  |  |                     |  |  |                  |  |  |
| B. EMPLOYER IDENTIFICATION NUMBER              |  |   | A. EMPLOYEE'S SOCIAL SECURITY NUMBER |                   |                            | 3. SOCIAL SECURITY WAGES           |  |                                | 4. SOCIAL SECURITY TAX WITHHELD |  |                            |  |  |                     |  |  |                  |  |  |
| 13-2695416                                     |  |   | 038-61-3321                          |                   |                            | 15431.52                           |  |                                | 956.75                          |  |                            |  |  |                     |  |  |                  |  |  |
| C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE       |  |   |                                      |                   | 5. MEDICARE WAGES AND TIPS |                                    |  | 6. MEDICARE TAX WITHHELD       |                                 |  |                            |  |  |                     |  |  |                  |  |  |
| ZIMMER INC<br>P O BOX 708<br>WARSAW, IN 46581  |  |   |                                      |                   | 15431.52                   |                                    |  | 223.76                         |                                 |  |                            |  |  |                     |  |  |                  |  |  |
|  |  |   |                                      |                   | 7. SOCIAL SECURITY TIPS    |                                    |  | 8. ALLOCATED TIPS              |                                 |  |                            |  |  |                     |  |  |                  |  |  |
|  |  |   |                                      |                   |                            |                                    |  |                                |                                 |  |                            |  |  |                     |  |  |                  |  |  |
| E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME |  |   |                                      |                   | 11. NONQUALIFIED PLANS     |                                    |  | 12 a-d                         |                                 |  |                            |  |  |                     |  |  |                  |  |  |
| SRI MOUNICA MUSUNURU                           |  |   |                                      |                   |                            |                                    |  | D 2573.50                      |                                 |  |                            |  |  |                     |  |  |                  |  |  |
| 2610 ARLINGTON LANE                            |  |   |                                      |                   |                            |                                    |  | W 625.00                       |                                 |  |                            |  |  |                     |  |  |                  |  |  |
| WARSAW, IN 46582                               |  |   |                                      |                   |                            |                                    |  | C 49.98                        |                                 |  |                            |  |  |                     |  |  |                  |  |  |
|  |  |   |                                      |                   |                            |                                    |  | DD 5376.00                     |                                 |  |                            |  |  |                     |  |  |                  |  |  |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE             |  |   |                                      |                   | 13. Statutory Employee     |                                    |  | Retirement Plan                |                                 |  | Third-Party Sick pay       |  |  |                     |  |  |                  |  |  |
| 15 STATE EMPLOYER'S STATE ID. NO.              |  |   |                                      |                   | 16 STATE WAGES, TIPS, ETC. |                                    |  | 17 STATE INCOME TAX            |                                 |  | 18 LOCAL WAGES, TIPS, ETC. |  |  | 19 LOCAL INCOME TAX |  |  | 20 LOCALITY NAME |  |  |
| IN 0001041851001                               |  |   |                                      |                   | 51773.52                   |                                    |  | 1643.39                        |                                 |  | 51773.52                   |  |  | 508.75              |  |  | KOSCIUSKO        |  |  |

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|  |  |   |                                      |                   |                            |                                    |  |                                |                                 |  |                            |  |  |                     |  |  |                  |  |  |
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| 13-2695416                                     |  |   | 038-61-3321                          |                   |                            | 15431.52                           |  |                                | 956.75                          |  |                            |  |  |                     |  |  |                  |  |  |
| C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE       |  |   |                                      |                   | 5. MEDICARE WAGES AND TIPS |                                    |  | 6. MEDICARE TAX WITHHELD       |                                 |  |                            |  |  |                     |  |  |                  |  |  |
| ZIMMER INC<br>P O BOX 708<br>WARSAW, IN 46581  |  |   |                                      |                   | 15431.52                   |                                    |  | 223.76                         |                                 |  |                            |  |  |                     |  |  |                  |  |  |
|  |  |   |                                      |                   | 7. SOCIAL SECURITY TIPS    |                                    |  | 8. ALLOCATED TIPS              |                                 |  |                            |  |  |                     |  |  |                  |  |  |
|  |  |   |                                      |                   |                            |                                    |  |                                |                                 |  |                            |  |  |                     |  |  |                  |  |  |
| E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME |  |   |                                      |                   | 11. NONQUALIFIED PLANS     |                                    |  | 12 a-d                         |                                 |  |                            |  |  |                     |  |  |                  |  |  |
| SRI MOUNICA MUSUNURU                           |  |   |                                      |                   |                            |                                    |  | D 2573.50                      |                                 |  |                            |  |  |                     |  |  |                  |  |  |
| 2610 ARLINGTON LANE                            |  |   |                                      |                   |                            |                                    |  | W 625.00                       |                                 |  |                            |  |  |                     |  |  |                  |  |  |
| WARSAW, IN 46582                               |  |   |                                      |                   |                            |                                    |  | C 49.98                        |                                 |  |                            |  |  |                     |  |  |                  |  |  |
|  |  |   |                                      |                   |                            |                                    |  | DD 5376.00                     |                                 |  |                            |  |  |                     |  |  |                  |  |  |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE             |  |   |                                      |                   | 13. Statutory Employee     |                                    |  | Retirement Plan                |                                 |  | Third-Party Sick pay       |  |  |                     |  |  |                  |  |  |
| 15 STATE EMPLOYER'S STATE ID. NO.              |  |   |                                      |                   | 16 STATE WAGES, TIPS, ETC. |                                    |  | 17 STATE INCOME TAX            |                                 |  | 18 LOCAL WAGES, TIPS, ETC. |  |  | 19 LOCAL INCOME TAX |  |  | 20 LOCALITY NAME |  |  |
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|  |  |   |                                      |                   |                            |                                    |  |                                |                                 |  |                            |  |  |                     |  |  |                  |  |  |
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|  |  | 2020  |                                      |                   |                            | 51773.52                           |  | 5785.14                        |                                 |  |                            |  |  |                     |  |  |                  |  |  |
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| 13-2695416                                     |  |   | 038-61-3321                          |                   |                            | 15431.52                           |  |                                | 956.75                          |  |                            |  |  |                     |  |  |                  |  |  |
| C. EMPLOYER'S NAME, ADDRESS AND ZIP CODE       |  |   |                                      |                   | 5. MEDICARE WAGES AND TIPS |                                    |  | 6. MEDICARE TAX WITHHELD       |                                 |  |                            |  |  |                     |  |  |                  |  |  |
| ZIMMER INC<br>P O BOX 708<br>WARSAW, IN 46581  |  |   |                                      |                   | 15431.52                   |                                    |  | 223.76                         |                                 |  |                            |  |  |                     |  |  |                  |  |  |
|  |  |   |                                      |                   | 7. SOCIAL SECURITY TIPS    |                                    |  | 8. ALLOCATED TIPS              |                                 |  |                            |  |  |                     |  |  |                  |  |  |
|  |  |   |                                      |                   |                            |                                    |  |                                |                                 |  |                            |  |  |                     |  |  |                  |  |  |
| E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME |  |   |                                      |                   | 11. NONQUALIFIED PLANS     |                                    |  | 12 a-d                         |                                 |  |                            |  |  |                     |  |  |                  |  |  |
| SRI MOUNICA MUSUNURU                           |  |   |                                      |                   |                            |                                    |  | D 2573.50                      |                                 |  |                            |  |  |                     |  |  |                  |  |  |
| 2610 ARLINGTON LANE                            |  |   |                                      |                   |                            |                                    |  | W 625.00                       |                                 |  |                            |  |  |                     |  |  |                  |  |  |
| WARSAW, IN 46582                               |  |   |                                      |                   |                            |                                    |  | C 49.98                        |                                 |  |                            |  |  |                     |  |  |                  |  |  |
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| 15 STATE EMPLOYER'S STATE ID. NO.              |  |   |                                      |                   | 16 STATE WAGES, TIPS, ETC. |                                    |  | 17 STATE INCOME TAX            |                                 |  | 18 LOCAL WAGES, TIPS, ETC. |  |  | 19 LOCAL INCOME TAX |  |  | 20 LOCALITY NAME |  |  |
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|  |  |   |                                      |                   |                            |                                    |  |                                |                                 |  |                            |  |  |                     |  |  |                  |  |  |
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| SRI MOUNICA MUSUNURU                           |  |   |                                      |                   |                            |                                    |  | D 2573.50                      |                                 |  |                            |  |  |                     |  |  |                  |  |  |
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**W-2 AND WAGE SUMMARY**