

Form **W-2 Wage and Tax Statement 2020**

<b>c</b> Employer's name, address, and ZIP code UNITED HEALTHCARE SERVICES INC ATTN--OPERATIONS MN008-B213 9900 BREN ROAD EAST MINNETONKA MN 55343		<b>7</b> Social security tips	<b>1</b> Wages, tips, other compensation 14292.81	<b>2</b> Federal income tax withheld 2182.40		
		<b>8</b> Allocated tips	<b>3</b> Social security wages	<b>4</b> Social security tax withheld		
		<b>9</b>	<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld		
		<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12 C 10.88		
		<b>13</b> Statutory employee Retirement plan Third-party sick pay	<b>14</b> Other	<b>12b</b> W 192.28		
		<b>b</b> Employer identification number (EIN) 41-1289245		<b>12c</b> DD 1049.10		
<b>a</b> Employee's social security number XXX-XX-3143	<b>12d</b>					
<b>15</b> State KS	Employer's state ID number 036411289245F01	<b>16</b> State wages, tips, etc. 14292.81	<b>17</b> State income tax 695.00	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name

Copy B-To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.  
OMB No. 1545-0008

Dept. of the Treasury - IRS  
Visit the IRS website at [www.irs.gov/efile](http://www.irs.gov/efile).

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.

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Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

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