| Form W-2 Wage and Tax Stateme | 7 Social security tips | 7 Social security tips | | 1 Wages, tips, other compensation 95563.88 | | ncome tax withheld 10473.27 | |
|---|---|---|-------------------------------------|---|-------------------|---|---|
| c Employer's name, address, and ZIP code | 8 Allocated tips | 8 Allocated tips | | 3 Social security wages | | 4 Social security tax withheld | |
| OPTUM SERVICES, INC ATTNOPERATIONS MN008 | 9 | | | 101795.38 5 Medicare wages and tips 101795.38 11 Nonqualified plans | | 6 Medicare tax withheld 1476.03 12a See instructions for box 12 | |
| 9900 BREN ROAD EAST | 10 Dependent care benefits | | | | | | |
| MINNETONKA MN 55343 | | hird-narty | | | 12b | 145.86 | |
| e Employee's name, address, and ZIP code | | 13 Statutory Retirement T s | hird-party ick pay | 14 Other | | ^c D | 6231.50 |
| ANIL CHOWDARY PENTRALA | b Employer identification num 45-4683454 | ber (EIN) | | | 12c DD | 16231.80 | |
| 3222 VELVET ROSE ST LAS VEGAS NV 89135 | a Employee's social security | number | 1 | | 12d | 10231.00 | |
| LAD VEGAD IN 07133 | | XXX-XX-7668 | | _ | | ode | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Lo | ocal wages, tips, etc. | 19 Local in | come tax | 20 Locality name |
| Copy B-To Be Filed With Employee's | FEDERAL Tax Return | This information is being furnishe | d to the Int | ternal Revenue Service. | | Dept. o | of the Treasury - IRS |
| , | | v | | OMB No. 1545-0008 | | Visit the | IRS website at www.irs.gov/ef |
| | _ | | This ir neglig | | | | are required to file a tax return, a e is taxable and you fail to report i |
| Form W-2 Wage and Tax Stateme | 7 Social security tips | 7 Social security tips | | 1 Wages, tips, other compensation 95563.88 | | ncome tax withheld 10473.27 | |
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| | ent 2020 | 7 Social security tips | | 1 Wages, tips, other com | pensation | | IRS website at www.irs.gov/ef |
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| Copy 2-To Be Filed With Employee's 9 | State. Citv. or Local Inc | come Tax Return | OI | MB No. 1545-0008 | | Dept. o | of the Treasury - IRS |
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| Copy 2-To Be Filed With Employee's | State, City, or Local Inc | come Tax Return | 01 | MB No. 1545-0008 | | Dept. o | of the Treasury - IRS |