

Form **W-2 Wage and Tax Statement 2021**

c Employer's name, address, and ZIP code HEALTH PLAN OF NEVADA ATTN--OPERATIONS MN008-B213 9900 BREN ROAD EAST MINNETONKA MN 55343		7 Social security tips	1 Wages, tips, other comp. 26613.23	2 Federal income tax withheld 3966.90
e Employee's name, address, and ZIP code RAMA ANUSHA ADAPA 7075 W GOWAN RD APT #2061 LAS VEGAS NV 89129		8 Allocated tips	3 Social security wages 26613.23	4 Social security tax withheld 1650.02
15 State Employer's state I.D. no.		9	5 Medicare wages and tips 26613.23	6 Medicare tax withheld 385.89
16 State wages, tips, etc.		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 38.78
17 State income tax		13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b DD 1313.91
18 Local wages, tips, etc.		b Employer identification number (EIN) 88-0201035		12c
19 Local income tax		a Employee's social security no. XXX-XX-0561		12d
20 Locality name				

Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. **Dept. of the Treasury - IRS**
OMB No. 1545-0008 Visit the IRS Web Site at 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 back of Copy B) OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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