## W-2 AND WAGE SUMMARY

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

**ZIMMER INC** 

**POBOX708** WARSAW, IN 46581-0708

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## IMPORTANT TAX DOCUMENT ENCLOSED

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Notice to Employee

Notice to Employee
Do you have to file? Refer to the Instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.
Earned income credit (EIC). You may be able to take the EIC for 2021 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could quality for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2021 or if income is earned for services provided while you were an inmate at a penal institution. For 2021 income limits and more information, visit www.ris.gov/EITC. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.
Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and SSA.
Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Dter Information for Members of the Clergy and Religious Workers.
Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employeent record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2c. Be sure to get your copies of Form W-2c from

your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov. **Cost of employer-sponsored health coverage (if such cost is provided by the employer).** The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable**. **Credit for excess taxes.** If you had more than one employer in 2021 and more than \$8,853.60 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,203.80 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax. **COVID related leave wages.** In Box 14 are amounts paid as qualified sick or family leave wages under

COVID related leave wages. In Box 14 are amounts paid as qualified sick or family leave wages under Covid laws. Specifically, up to 6 types of paid qualified sick or family leave wages are reported: For leave taken between 1/1/21 & 3/31/21: Sick leave wages subject to the \$511/day limit because of care you required. Sick leave wages subject to the \$200/day limit because of care you provided to another; and Emergency family leave wages. For leave taken between 4/1/21 & 9/30/21: Sick leave wages subject to to \$511/day limit because of care you required; Sick leave wages subject to the \$200/day limit because of care you required; Sick leave wages subject to the \$200/day limit because of care you required; Sick leave wages subject to the \$200/day limit because of care you required; Sick leave wages subject to the \$200/day limit because of care you required; Sick leave wages subject to the \$200/day limit because of care you required; Sick leave wages subject to the \$200/day limit because of care you required; Sick leave wages subject to the \$200/day limit because of care you required; Sick leave wages subject to the \$200/day limit because of care you required; Sick leave wages subject to the \$200/day limit because of care you required; Sick leave wages subject to the \$200/day limit because of care you required; Sick leave wages subject to the \$200/day limit because of care you required; Sick leave wages subject to the \$200/day limit because of care you required; Sick leave wages subject to the \$200/day limit because to the \$200/day limit because of care you required; Sick leave wages subject to the \$200/day limit because of care you required; Sick leave wages subject to the \$200/day limit because to the \$200/day limi

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## Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return. Box 2. Enter this amount on the federal income tax withheld line of your

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Box 1. Enter this amount on the wages line of your tax return.
Box 2. Enter this amount on the federal income tax withheld line of your tax return.
Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8959.
Box 6. This amount is chose Medicare wages and tips above \$200,000.
Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Instructions for Forms 1040 and 1040-SR.
You must lie Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tips you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even thit is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax ord (used to figure your benefits).
Box 10. This amount includes the total dependent care benefits that your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your employer paid to you or social security record (used to figure your benefits).
Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to figure any taxable and nontaxable amounts.
Box 10. This amount is (a) reported in box 3 and/or box 5 if it is a prior year deferral under a nonqualified defered compensation or nongovermmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified defered compensation or nongovermmental section 457(b) plan, exployer should file form S57(b) plan, tha became taxable for social security and

of Special Wage Payments, with the Social Security Administration and give you a copy. Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE), under all plans are generally limited to a total of \$19,500 (\$13,500 (\$13,500) if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2021, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(b) SIMPLE plants). This additional deferral amount is not subject to the overall limit on electrol. The section additional deferral amount is not subject to the overall section of the section of the overall electrol telerals. For code G the limit act and the section of the overall electrol telerals. For code G the limit act of subject to the term of the overall electrol telerals. For code G the limit act of subject to the overall electrol telerals. For code G the limit act on the overall electron of the overall electron on the overall electron of the overall electron on the overall electron on the overall electron of the overall electron on the overall electron of the overall electron on the overall electron electron overall electron electron overall electron electron overall electron electron overallow overall electron electron overall electron electron overallon overallow contrin

S-Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1).
 T-Adoption benefits (not included in hox 1). Complete Form 8839, Qualifed Adoption Expenses, to figure any taxable and nontaxable amounts.
 W-Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.
 W-Employee contributions (including amounts the employee elected to contribute using a section 125 (caleteria) plan) to your health savings account. Report on Form 8899, Health Savings Accounts (HSAs).
 Y-Deforrals under a section 409A nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Instructions for Forms 1040 and 1040-SR.
 Ad-Designated Roth contributions under a section 403(b) plan BD-Designated Roth contributions under a section 403(b) plan BD-Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.
 FF-Permitted benefits under a qualified small employer health reimbursement arrangement
 Ge-Income from qualified equity grants under section 83(f)
 HH-Aggregate deferrals under section 83(i) elections as of the close of the claendar year.
 Box 13. the "Retirement plan" box is checked, special limits may apply to the claendar year.
 Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, unior dues, uniform payments, health insurance premiums deducted notaxies in formation such as state disability insurance taxes withheld, unior dues, uniform payments, health insurance premiums deducted notaxies prestrong advalational assistance payments, reported by the centr