FORM W-2 Wage and Tax Statement

Dept. of the Treasury • Internal Revenue Service

Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

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 N	NUMBER	This information is being furnished internal Revenue Service	d to the	2021	OMB NO. 1	545 - 0008	1. W	AGES, TIPS, OTHER, COMPENS		392.55	2. FEDERAL	INCOME TAX WITHHELD	4466.09
	095416	IMBER		319-53	-4353	NUMBER	3, \$0	CIAL SECURITY WAGES	38	065.72	4. SOCIAL SE	CURITY TAX WITHHELD	2360.07
	ER INC	AND ZIP CODE					5. ME	EDICARE WAGES AND TIPS	38	065.72	6. MEDICARE	TAX WITHHELD	551.95
P O E	30X 708 AW. IN 4	6581-0708	13	3. Statutory Employee	Retirement Plan	Third-Party Sick Pay	7. 80	OCIAL SECURITY TIPS			8. ALLOCATE	D TIPS	
					\boxtimes		9.				10, DEPENDE	NT CARE BENEFITS	
	S FIRST NAME AND I		ME			SUFF.	11. N	ONQUALIFIED PLANS			12 a-d	D	3673.17
NIMM2 2345		NE					14. 0	THER				W C DD	375.00 28.56 3204.84
F. EMPLOYEE'S	S ADDRESS AND ZIP	CODE										20. LOCALITY NAME	
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D. CONTROL NUMBER	This information is being furn	nished to the OMB	NO. 1545 - 0008	1. WAG	ES, TIPS, OTHER, COMPENSATION	34392.55	2. FEDERAL	INCOME TAX WITHHELD	4466.09
B. EMPLOYER IDENTIFICATION	ON NUMBER	A EMPLOYEE'S SOCIAL SECUR 319-53-4353		3. SOC	AL SECURITY WAGES	38065.72	4. SOCIAL SI	ECURITY TAX WITHHELD	2360.07
C. EMPLOYER'S NAME, ADDR ZIMMER INC	ESS, AND ZIP CODE			5. MED	CARE WAGES AND TIPS	38065.72	6. MEDICARI	E TAX WITHHELD	551.95
P O BOX 70				7. SOC	AL SECURITY TIPS		8, ALLOCATE	ED TIPS	
WARSAW, IN	40301-0700			9.			10. DEPEND	ENT CARE BENEFITS	
E EMPLOYEE'S FIRST NAME RISHIKESH	AND INITIAL LAST N REDDY NIMMA	NAME	SUFF.	11. NON	QUALIFIED PLANS		12. a-d	D	3673.17 375.00
2345 LARK WARSAW, IN	LANE			14. OTH	IER			W C DD	28.56 3204.84
F EMPLOYEE'S ADDRESS AN	D ZIR CODE						13. Statutory Employee	Retirement Plan	X Third-Party Sick Pay
15. STATE EMPLOYER		STATE WAGES, TIPS, ETC. 34392.55	17. STATE INCOME TAX 1093	.80	18, LOCAL WAGES, TIPS, ETC. 34392.5	Marie Marie Marie Control of the	38.63	20 LOCALITY NAME KOSCIUSKO	
	Employee's STATE, CIT	Y or LOCAL tax return	202	٦.			Dept. of the	e Treasury - Intern	al Revenue Servi

D. CONTROL NUMBER	This information is being fur Internal Revenue Service	nished to the	OMB NO. 1545 - 0008	1. WAGES, TIPS, OTHER, COMPENSA	34392.55		COME TAX WITHHELD	4466.09
B. EMPLOYER IDENTIFICATION 13-2695416	NUMBER	319-53	social security number -4353	3. SOCIAL SECURITY WAGES	38065.72	4. SOCIAL SEC	CURITY TAX WITHHELD	2360.07
EMPLOYER'S NAME, ADDRESS ZIMMER INC	S, AND ZIP CODE			5. MEDICARE WAGES AND TIPS	38065.72	6. MEDICARE	TAX WITHHELD	551.95
P O BOX 708 WARSAW, IN	46581-0708			7. SOCIAL SECURITY TIPS		8. ALLOCATED	TIPS	
WARSAW, IN	40301 0700			9.		10. DEPENDEN	NT CARE BENEFITS	
EMPLOYEE'S FIRST NAME AN	DINITIAL LASTIN	AME	SUFF.	11. NONQUALIFIED PLANS		12. a-d	D	3673.17
2345 LARK L WARSAW, IN	ANE			14 OTHER	XX	2 37 4	W C	375.00 28.56
MARSAW IN	40000						DD	3204.84

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return FORM W-2 Wage and Tax Statement

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B. EMPLOYER IDENTIFICATION NUMBER 13-2695416 3. SOCIAL SECURITY VAGES 4. SOCIAL SECURITY TAX WITHHELD 5. MEDICARE VAGES AND TIPS 3. SOCIAL SECURITY VAGES 5. MEDICARE VAGES AND TIPS 6. MEDICARE TAX WITHHELD 7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS 10. DEPENDENT CARE BENEFIT D. D	2360.07 551.95
EMPLOYEE'S FIRST NAME AND INTIAL LAST NAME EMPLOYEE'S FIRST NAME AND INTIAL LAST NAME EMPLOYEE'S FIRST NAME AND INTIAL LAST NAME EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME EXCEPTION OF THE PROPERTY OF	551.95
P O BOX 708 WARSAW, IN 46581-0708	
9. 10. DEPENDENT CARE BENEFIT. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. 11. NONQUALIFIED PLANS 12 a-d RISHIKESH REDDY NIMMA	
RISHIKESH REDDY NIMMA	
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345 LARK LANE W	375.0
MARSAW, IN 46580	28.5
DD	3204.8
I3. Statutory Employee Plan	nt X Third-Party Sick Pay

Copy B To be filed with Employee's FEDERAL tax return FORM W-2 Wage and Tax Statement

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