		7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld	
Form W-2 Wage and Tax Statemen	nt 2021		41794.03	6898.57	
c Employer's name, address, and ZIP code OPTUM SERVICES, INC		8 Allocated tips	3 Social security wages 41794.03	4 Social security tax withheld 2591.23	
ATTNOPERATIONS MN008-E	3213	9	5 Medicare wages and tips 41794.03	6 Medicare tax withheld 606.01	
9900 BREN ROAD EAST MINNETONKA MN 55343		<b>10</b> Dependent care benefits	41/94.03 11 Nonqualified plans	<b>12a</b> See instructions for box 12	
e Employee's name, address, and ZIP code		13 Statutory Retirement Third-party plan Sick pay	<sup>y</sup> <b>14</b> Other	12b         191.66	
AKHIL KODURU 1341 PARK GLEN DRIVE		<ul> <li>b Employer identification number (B</li> <li>45-4683454</li> <li>a Employee's social security no.</li> </ul>	EIN)	12c           © DD         2424.76           12d	
APT # 102 _RALEIGH NC 27610		<u>xxx-xx-2572</u>			
15         Employer's state I.D. no.           NC         600927919	16 State wages, tips, etc. 41794.		Local wages, tips, etc. 19 Local inc	come tax 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	

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information	ı is bei	na fu	imished to	the Intern	al Revenue	Service, I	f vou ar	e reauired	to file a	tax return.	. а

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy			opy B)	OMB No. 1545-0008		Dept.	of the Treasury - IRS	
15 State         Employer           NC         600927919	s state I.D. no. )	<b>16</b> State wages, tips, etc. 41794.03	17 State income tax 2035.00	8 Local wages, tips, etc.	19 Local inc	ome tax	20 Locality name	
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AKHIL KODURU			b Employer identification number	er (FIN)		₫ W 12c	191.00	
e Employee's name, address, a	and ZIP code		13 Statutory Retirement Third- plan sick pa	<sup>aarty</sup> ay <b>14</b> Other		12b	191.66	
MINNETONKA MN			Statutory Retirement Third-r	anti		<sup>e</sup> C	47.34	
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Form W-2 Wage and					794.03		6898.57	
	Tour Ototomout	1202	7 Social security tips	1 Wages, tips, other com		2 Federal in	come tax withheld	
			1	negligence penalty or other sancti	ion may be impose	a on you it this inco	Sine is taxable and you fail to report it	

7 Social security tips 1 Wages, tips, other comp. 2 Federal income tax withheld Form W-2 Wage and Tax Statement 2057 41794.03 6898.57 c Employer's name, address, and ZIP code 3 Social security wages 41794.03 8 Allocated tips 4 Social security tax withheld OPTUM SERVICES, INC 2591.23 9 5 Medicare wages and tips 6 Medicare tax withheld ATTN--OPERATIONS MN008-B213 41794 606.01 03 9900 BREN ROAD EAST 10 Dependent care benefits 11 Nongualified plans 12a MINNETONKA MN 55343 С 47.34 Retire plan Third-party sick pay e Employee's name, address, and ZIP code 13 Statutory employee 14 Other 12b 191.66 W AKHIL KODURU b Employer identification number (EIN) 12c 2424.76 i DD 1341 PARK GLEN DRIVE 45-4683454 a Employee's social security no. 12d APT # 102 XXX-XX-2572 RALEIGH NC 27610 15 State Employer's state I.D. no. 17 State income tax 20 Locality name 16 State wages, tips, etc. 18 Local wages, tips, etc. 19 Local income tax 2035.00 41794.03 NC 600927919 OMB No. 1545-0008

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Form W-2 Wage and Tax Stateme	nt 2021	7 Social security tips	1 Wages, tips, other comp. 41794.03	2 Federal income tax withheld 6898.57	
c Employer's name, address, and ZIP code OPTUM SERVICES, INC		8 Allocated tips	3 Social security wages 41794.03	4 Social security tax withheld 2591.23	
ATTNOPERATIONS MN008-	·B213	9	5 Medicare wages and tips 41794.03	6 Medicare tax withheld 606.01	
9900 BREN ROAD EAST MINNETONKA MN 55343		10 Dependent care benefits	11 Nonqualified plans	<b>12a</b> <sup>6</sup> <sub>2</sub> C 47.34	
e Employee's name, address, and ZIP code		13 Statutory Retirement Third-party plan sick pay	14 Other	<b>12b</b> W 191.66	
AKHIL KODURU 1341 PARK GLEN DRIVE		<b>b</b> Employer identification number (E 45-4683454	EIN)	<b>12c</b> DD 2424.76	
APT # 102 RALEIGH NC 27610		a Employee's social security no. XXX-XX-2572		12d	
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Copy 2 To Be Filed With Employee's State, Cit	y, or Local Income Tax Return	<b>1</b> L87	OMB No. 1545-0008 5206	Dept. of the Treasury - IRS	