FORM W-2 Wage and Tax Statement

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

Dept. of the Treasury . Internal Revenue Service

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 NUMBER This information is being furnished to the Internal Revenue Service	2021	OMB NO. 1	545 - 0008	1. WA	AGES, TIPS, OTHER, COMPENSATION 57	7177.62	2 PEDÉRAL II	NOCAME TAX VATERHELD	5595.58	
81-0550216	873-68-		NUMBER	3. BOGIAL BECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE ZIMMER SURGICAL INC	5. MEDICARE VAGES AND TIPS			6 MEDICARE TAX WITHHELD						
DOVER, OH 44622	13. Statutory Employee	Retirement	Third-Party Sick Pay	7. 80	7. SOCIAL SECURITY TIPS			8. ALLOGATED TIPS		
		0.			10. DEPENDENT CARE BENEFITS					
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUVARCHALA			SUFF.	11. N	ONQUALIFIED PLANS		12. a-d	D	1799.98	
KOPPISETTY		14. OTHER				W	1250.00			
210 E 18TH STREET		1.00				C	50.44			
APT 2		1				DD	6943.82			
								DD	0545.02	
F. DRAYERADDRECHND4:406022										
15. STATE EMPLOYER'S STATE I.D. NO. 16. STATE WAGE	S, TIPS, ETC.	17. STATE IN	COME TAX		18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME	TAX	20. LOCALITY NAME		
OH 525967287	57177.62 1546.			55	58977.60	884.62		DOVER CITY		

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D. CONTROL	NUMBER	This information is being furnished to the Internal Revenue Service		ОМВ	NO. 1545 - 0008	1. WAGES, TIPS, OTHER, COMPENSATION 57177.62		2. FEDERAL INCOME TAX WITHHELD		5595.58	
8. EMPLOYER IDENTIFICATION NUMBER 81-0550216 A. EMPLOYEE'S SOCIAL SECURITY NUMBER 873-68-1766						3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE ZIMMER SURGICAL INC						5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD					
200 WEST OHIO AVENUE DOVER, OH 44622					7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS			
						9.			10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUVARCHALA KOPPISETTY					11. NONQUALIFIED PLANS			12. a-d	D	1799.98	
210 E 18TH STREET APT 2 DOVER, OH 44622					14. OTHER				W C DD	1250.00 50.44 6943.82	
F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. Statutory Employee	Retirement Plan	X Third-Party Sick Pay
15. STATE	EMPLOYER'S STATE	E I.D. NO.	18, STATE WAGES, TIPS, ET	C.	17. STATE INCOME TAX		18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME T	AX	20. LOCALITY NAME	
OH	52596728	17	571	77.62	1546	.55	58977.60	8	84.62	DOVER CITY	

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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Dept. of the Treasury - Internal Revenue Service

D. CONTROL	NUMBER	This information is being furnished to the Internal Revenue Service		OMB	NO. 1545 - 0008	1. WAGES, TIPS, OTHER, COMPENSATION 57177.6		7177.62	2. FEDERAL INCOME TAX WITHHELD 5595.58			
B. EMPLOYER IDENTIFICATION NUMBER 81-0550216 A EMPLOYEE'S SOCIAL SECURITY NUMBER 873-68-1766					3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD				
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE ZIMMER SURGICAL INC						5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD			
200 WEST OHIO AVENUE DOVER, OH 44622						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS			
						9.			10. DEPENDENT CARE BENEFITS			
E EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUVARCHALA KOPPISETTY									1799.98			
210 E 18TH STREET APT 2 DOVER, OH 44622						14. OTHER				W C DD	1250.00 50.44 6943.82	
F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. Statutory Employee	Retirement Plan	X Third-Party Sick Pay	
15. STATE	EMPLOYER'S STATE	E I.D. NO.	16. STATE WAGES, TIPS, ETC.		17. STATE INCOME TAX		18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME T	AX	20. LOCALITY NAME		
ОН	52596728	17	5717	77.62	1546	.55	58977.60	8	884.62 D		DOVER CITY	

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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1. WAGES, TIPS, OTHER, COMPENSATION 2. FEDERAL INCOME TAX WITHHELD D. CONTROL NUMBER This information is being furnished to the OMB NO. 1545 - 0008 57177.62 5595.58 Internal Revenue Service A. EMPLOYEE'S SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELD B. EMPLOYER IDENTIFICATION NUMBER 873-68-1766 81-0550216 C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE 5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD ZIMMER SURGICAL INC 200 WEST OHIO AVENUE 7. SOCIAL SECURITY TIPS 8. ALLOCATED TIPS DOVER, OH 44622 10. DEPENDENT CARE BENEFITS 11. NONQUALIFIED PLANS 12. a-d E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME 1799.98 SUVARCHALA KOPPISETTY 1250.00 210 E 18TH STREET 14. OTHER 50.44 APT 2 6943.82 DD DOVER, OH 44622 \times Third-Party Sick Pay 13. Statutory Employee F. EMPLOYEE'S ADDRESS AND ZIP CODE 20. LOCALITY NAME 18. LOCAL WAGES, TIPS, ETC. 19. LOCAL INCOME TAX 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME TAX EMPLOYER'S STATE I.D. NO. 15. STATE DOVER CITY 884.62 58977.60 1546.55 57177.62 525967287 OH

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

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