

Employee Reference Copy
W-2 Wage and Tax Statement 2021
Copy C for employee's records. OMB No. 1545-0008

d Control number 0000327758 V6U	Dept. 45710	Corp. LVA0	Employer use only A S 119640
c Employer's name, address, and ZIP code OPTUM SERVICES INC ATTN: OPERATIONS MN008-B213 P.O. BOX 1459 MINNEAPOLIS, MN 55440-1459			
e/f Employee's name, address, and ZIP code SAI KIRAN MUTYALA 16435 SEDALIA DR FISHERS, IN 46040			
b Employer's FED ID number 45-4683454	a Employee's SSA number XXX-XX-1029		
1 Wages, tips, other comp. 113251.63	2 Federal income tax withheld 18114.84		
3 Social security wages 116837.62	4 Social security tax withheld 7243.93		
5 Medicare wages and tips 116837.62	6 Medicare tax withheld 1694.15		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 119.60		
14 Other	12b D 3585.99		
	12c W 2000.00		
	12d DD 7007.64		
	13 Stat emp. Ret. plan 3rd party sick pay X		
15 State Employer's state ID no. IN 0147980135 001	16 State wages, tips, etc. 113251.63		
17 State income tax 3658.13	18 Local wages, tips, etc. 113251.63		
19 Local income tax 2197.11	20 Locality name C-30		

SAI KIRAN MUTYALA
 16435 SEDALIA DR
 FISHERS, IN 46040

Social Security Number: XXX-XX-1029



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Federal Filing Copy
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Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

IN. State Filing Copy
W-2 Wage and Tax Statement 2021
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

City or Local Filing Copy
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