



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

d Control number 0000020559 WMG Dept. LN06 Corp. S Employer use only 5455

e Employer's name, address, and ZIP code
 ST JUDE MEDICAL CARDIOLOGY
 DIVISION INC
 ONE LILLEHEI PLAZA
 ST PAUL, MN 55117

e/f Employee's name, address, and ZIP code
 BHAVANA CHALASANI
 450 FORD ROAD
 UNIT -118
 SAINT LOUIS PARK, MN 55426

b Employer's FED ID number 41-1991343 **a** Employee's SSA number XXX-XX-1746

1 Wages, tips, other comp. 80711.75 **2** Federal income tax withheld 10746.88

3 Social security wages 82371.85 **4** Social security tax withheld 5107.05

5 Medicare wages and tips 82371.85 **6** Medicare tax withheld 1194.39

7 Social security tips **8** Allocated tips

10 Dependent care benefits

11 Nonqualified plans **12a** See instructions for box 12 C | 24.57

12b D | 1660.10

12c DD | 9999.24

12d |

13 Stat emp. Ret. plan 3rd party sick pay X

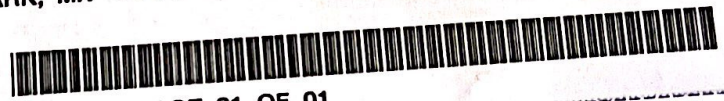
15 State Employer's state ID no. MN 5140010 **16** State wages, tips, etc. 80711.75

17 State income tax 4827.14 **18** Local wages, tips, etc.

19 Local income tax **20** Locality name

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Social Security Number: XXX-XX-1746



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

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MN. State Filing Copy
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City or Local Filing Copy
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