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 lat 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 the forms, including an explanation of the letter codes used in box 12 are on the other side of the page. This information is being furnished to the OMB NO. 1545 - 0008 78019.09 2021 13-2695416 17688.75 1096.70 C. EMPLOYER'S NAME, ADORESS.
ZIMMER INC 17688.75 256.49 Retirement Plan Third-Perty Sick Pay WARSAW, IN 46581-0708 X SOUMITH REDDY DC VODNALA 74.88 SAND HILL DD 6943.82 WARSAW, IN 46582 F. EMPLOYEE'S ADDRESS AND ZIP CODE 15. STATE EMPLOYER'S STATE I.D. 768.57 0001041851 78019.09 2227.73 78019.09 KOSCIUSKO OMB NO. 1545 - 0008 78019.09 10229.25 B. EMPLOYER IDENTIFICATION 13-2695416 1096.70 ZIMMER IN 17688.75 256.49 P O BOX 708 WARSAW, IN 46581-0708 SOUMITH REDDY VODNALA
174 SAND HILL LN 4442.25 74.88 WARSAW, IN 46582 DD 6943.82 X Third-Party Sick Pay Ratirement Plan 0001041851 78019.09 2227.73 78019.09 KOSCIUSKO Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return FORM W-2 Wage and Tax Statement 5057 FOLD AND TEAR ALONG PERFORATION OMB NO. 1545 - 0008 78019.09 10229.25 B. EMPLOYER IDENTIFICATION 13-2695416 17688.75 1096.70 17688.75 256.49 P O BOX 708 WARSAW, IN 46581-0708 SOUMITH REDDY VODNALA 174 SAND HILL LN 4442.25 74.88 WARSAW, IN 46582 DD 6943.82 Retirement X Third-Party Sick Pay IN 0001041851 78019.09 2227.73 78019.09 768.57 KOSCIUSKO 's STATE. CITY or LOCAL tax return Dept. of the Treasury - Internal Re 5057 FORM W-2 Wage and Tax Statement FOLD AND TEAR ALONG PERFORATION OMB NO. 1545 - 0008 78019.09 10229,25 B. EMPLOYER IDENTIFICATION 13-2695416 17688.75 1096.70 C. EMPLOYER'S NAME, ADDRESS ZIMMER INC 17688.75 256.49 P O BOX 708 WARSAW, IN 46581-0708 SOUMITH REDDY VODNALA
174 SAND HILL LN 4442.25 74.88 WARSAW, IN 46582 DD 6943.82 EMPLOYEE'S ADDRESS AND ZIP CODE Retirement X Third-Party Sick Pay EMPLOYER'S STATE I.D. NO 0001041851 78019.09 2227.73 78019.09 768.57 KOSCIUSKO Copy B To be filed with Emplo 5057 Dept. of the Treasury - Internal Revenue Service FORM W-2 Wage and Tax Statement FOLD AND TEAR ALONG PERFORATION Visit www.irs.gov/efile for e-file details. © CERIDIAN W-2 AND WAGE CHMMARY