

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

<b>d</b> Control number 0000373381 V6U	<b>Dept.</b> 61811	<b>Corp.</b> LVA0	<b>Employer use only</b> A S 135187
<b>c</b> Employer's name, address, and ZIP code OPTUM SERVICES INC ATTN: OPERATIONS MN008-B213 P.O. BOX 1459 MINNEAPOLIS, MN 55440-1459			
<b>e/f</b> Employee's name, address, and ZIP code OMKAR SALI 965 E EL CAMINO REAL APT 631 SUNNYVALE, CA 94087			
<b>b</b> Employer's FED ID number 45-4683454	<b>a</b> Employee's SSA number XXX-XX-1887		
<b>1</b> Wages, tips, other comp. 44718.19	<b>2</b> Federal income tax withheld 6928.46		
<b>3</b> Social security wages 46126.08	<b>4</b> Social security tax withheld 2859.82		
<b>5</b> Medicare wages and tips 46126.08	<b>6</b> Medicare tax withheld 668.83		
<b>7</b> Social security tips	<b>8</b> Allocated tips		
<b>9</b>	<b>10</b> Dependent care benefits		
<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12 C   52.36		
<b>14</b> Other 552.88 CA SDI	<b>12b</b> D   1407.89		
	<b>12c</b> DD   3292.20		
	<b>12d</b>		
<b>13</b> Stat emp. Ret. plan 3rd party sick pay X			
<b>15</b> State Employer's state ID no. CA 025-3030 1	<b>16</b> State wages, tips, etc. 44718.19		
<b>17</b> State income tax 3039.30	<b>18</b> Local wages, tips, etc.		
<b>19</b> Local income tax	<b>20</b> Locality name		

OMKAR SALI  
 965 E EL CAMINO REAL  
 APT 631  
 SUNNYVALE, CA 94087

Social Security Number: XXX-XX-1887



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