2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy 9 Wage and Tax Statement OMB No. 1545-0008 Copy C for employee's records. Employer use only d Control number Corp. Dept. 2575 S YBHG 0000001596 VOT Employer's name, address, and ZIP code ZIMMER INC 345 E MAIN ST PO BOX 708 WARSAW, IN 46581-0708 e/I Employee's name, address, and ZIP code SRI MOUNICA MUSUNURU 2792 PINE CONE LANE WARSAW, IN 46582 Employer's FED ID number a Employee's SSA number XXX-XX-3321 13-2695416 2 Federal income tax withheld Wages, tips, other comp. 9579.26 76945.44 4 Social security tax withheld 3 Social security wages 5096.53 82202.04 Medicare wages and tips 6 Medicare tax withheld 1191.93 82202.04 Social security tips 8 Allocated tips 10 Dependent care benefits 12a See Instructions for box 12 C | 86 11 Nonqualified plans 86.32 5930.95 12b D 674.35 ESTRO 14 Other 750,00 12c W | 7093.58 12d DD 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc.

IN

17 State income tax

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This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer. 5,096.53 SOCIAL SECURITY 84,295.47 **GROSS PAY** TAX WITHHELD BOX 04 OF W-2 1,191.93 9,579.26 MEDICARE TAX FED. INCOME WITHHELD TAX WITHHELD BOX 06 OF W-2 BOX 02 OF W-2 0.00 SUI/SDI 2,427.31 STATE INCOME TAX BOX 14 OF W-2 BOX 17 OF W-2 751.39 LOCAL INCOME TAX BOX 19 OF W-2

> To change your employee W-4 profile information file a new W-4 with your payroll department

SRI MOUNICA MUSUNURU 2792 PINE CONE LANE WARSAW, IN 46582

Social Security Number: XXX-XX-3321

O 2022 ADP, Inc.

PAGE 01 OF 01

19 Local income tax 20 Locality name C-43 751.39 Fold and Detach Here -2 Federal income tax withheld Wages, tips, other comp. 2 Federal income tax withheld 1 Wages, tips, other comp. 9579.26 76945.44 4 Social security tax withheld 3 Social security wages 5096.53 82202.04 6 Medicare tax withheld Medicare wages and tips 1191.93 82202.04 Employer use only Corp. d Control number Dept 2575 ybhg 0000001596 V0T Employer's name, address, and ZIP code ZIMMER INC 345 E MAIN ST PO BOX 708 46581-0708 WARSAW, IN Employee's SSA number Employer's FED ID number XXX-XX-3321 13-2695416 Social security tips 8 Allocated tips 10 Dependent care benefits 12a See Instructions for box 12 11 Nonqualified plans 86.32 С 12b D 674.35 ESTRD 5930.95 14 Other

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Copy 2 to be filed with employee's State Income Tax Return.

IN. State Filing Copy

Wage and Tax

Statement

13 Stat emp Ret plan 3rd party sick pay

18 Local wages, tips, etc.

20 Locality name

C-43

12c W

12d DD

e/f Employee's name, address and ZIP code

SRI MOUNICA MUSUNURU

15 State Employer's state ID no. 16 State wages, tips, etc.

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Federal Filing Copy

Copy B to be filed with employee's Federal Income Tax Return.

Wage and Tax

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17 State income tax

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WARSAW, IN 46582

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18 Local wages, tips, etc.

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18 Local wages, tips, etc.

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OMB No. 1545-0008

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OMB No. 1545-0008

Scanned with CamScanner

Copy 2 to be filed with employee's City or Local Income Tax Return

1095-C	sury	Employ	► D	o not attach to y	our tax return. Keep fo	return. Keep for your records. Instructions and the latest information.						2022						
Part I Employee 2 Social security number (SSN)					security number (SSN)	Applicable Large Employer Member (Employer)							8 Employer identification number (EIN) 13-2695416					
1 Name of employee (f		nitial, last name)	Part I I I I I I I I I I I I I I I I I I I			7 Name of employer									782			
SRI MOUNIC	CA MUSUNUF	₹0				2 IMMER INC 9 Street address (includi	ing room or suite no.)			-	-	110	Contact te	lephone n	umb	er		
3 Street address (including apartment no.)					345 E MAIN STREET 877-58							88-0933						
2792 PINE CONE LANE 5 State or province 6 Country and ZIP or foreign postal or				ZIP or foreign postal code	11 City or town 12 State or province					13 Country and ZIP or foreign postal coo 4 65 9 0						d code		
WARSAW IN			46582		WARSAW IN				-	10000								
Part II Employee Offer of Coverage			Employee	's Age on January 1			Start Month (enter 2-digit number):											
	All 12 Months	Jan	Feb	Mar	Apr	May June	July	Aug	Sept	-		Oct	-	Nov	+	D	ec	
14 Offer of Coverage (enter required code)		1A	1A	11	1A	1A 1A	1A	11	1A			1A	+	1A	+	17	A	
15 Employee Required Contribution (see instructions)	5	\$	s	\$	s s	\$	5	\$	s		5		\$		- 5			
6 Section 4980H Safe Harbor and Other Relief (enter code, f applicable)		2C	2C	2C	2C :	2C 2C	2C	2C	20			2C		2C		2	:C	
17 ZIP Code											No.							
															L	00320		
Part III Cove		s – If Employer	provided self-in	sured coverage	, check the box and en	ter the information for	r each individual en	rolled in coverag	je, includ	ing the	e emp	oloyee.	×			Page	3	
(a) Name of covered individual(s)					Note to the second section of	(c) DOB (if SSN or of		(e) Months of coverage										
First name, middle initial, last name		name			TIN is not available)	all 12 months	Jan Fet	Mar	Apr	May Ju	ine July	Aug Ser	# Ox	ct Nov	Dec			
18 SRI MOU	NICA MUSU	NURU		-		***-**-3321			××	(×	×	×	××	××	4	××	×	
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Form 1095-C (2022)