

2022 W-2 and EARNINGS SUMMARY

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.

GROSS PAY	84,295.47	SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2	5,096.53
FED. INCOME TAX WITHHELD BOX 02 OF W-2	9,579.26	MEDICARE TAX WITHHELD BOX 06 OF W-2	1,191.93
STATE INCOME TAX BOX 17 OF W-2	2,427.31	SUI/SDI BOX 14 OF W-2	0.00
LOCAL INCOME TAX BOX 19 OF W-2	751.39		

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

Social Security Number: XXX-XX-3321

SRI MOUNICA MUSUNURU
2792 PINE CONE LANE
WARSAW, IN 46582



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PAGE 01 OF 01

← Fold and Detach Here →

Employee Reference Copy			
W-2		2022	
Wage and Tax Statement			
Copy C for employee's records. OMB No. 1545-0008			
d Control number 0000001596 V0T	Dept. YBHG	Corp. YBHG	Employer use only S 2575
c Employer's name, address, and ZIP code ZIMMER INC 345 E MAIN ST PO BOX 708 WARSAW, IN 46581-0708			
e/f Employee's name, address, and ZIP code SRI MOUNICA MUSUNURU 2792 PINE CONE LANE WARSAW, IN 46582			
b Employer's FED ID number 13-2695416	a Employee's SSA number XXX-XX-3321		
1 Wages, tips, other comp. 76945.44	2 Federal income tax withheld 9579.26		
3 Social security wages 82202.04	4 Social security tax withheld 5096.53		
5 Medicare wages and tips 82202.04	6 Medicare tax withheld 1191.93		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 86.32		
14 Other 674.35 ESTRD	12b D 5930.95		
	12c W 750.00		
	12d DD 7093.58		
13 Stat emp. Ret. plan 3rd party sick pay <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
15 State Employer's state ID no. IN 0001041851 001	16 State wages, tips, etc. 76945.44		
17 State income tax 2427.31	18 Local wages, tips, etc. 76945.44		
19 Local income tax 751.39	20 Locality name C-43		

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Federal Filing Copy
W-2 Wage and Tax Statement **2022**
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 **2022**
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

City or Local Filing Copy
W-2 Wage and Tax Statement **2022**
Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

Part I Employee

1 Name of employee (first name, middle initial, last name) SRI MOUNICA MUSUNURU		2 Social security number (SSN) ***-**-3321	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 13-2695416
3 Street address (including apartment no.) 2792 PINE CONE LANE			7 Name of employer ZIMMER INC		10 Contact telephone number 877-588-0933
4 City or town WARSAW		5 State or province IN	6 Country and ZIP or foreign postal code 46582	9 Street address (including room or suite no.) 345 E MAIN STREET	11 City or town WARSAW
12 State or province IN		13 Country and ZIP or foreign postal code 46590		14 Offer of Coverage (enter required code) 1A	

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)	All 12 Months	Employee's Age on January 1											
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code													

Part III Covered Individuals – If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
18 SRI MOUNICA MUSUNURU	***-**-3321			X	X	X	X	X	X	X	X	X	X	X	X	X
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