Employee Reference Copy Wage and Tax Statement OMB No. 1545-0008 for employee's records. Corp. Employer use only Dept d Control number YBHG 2914 0000001700 V0T S 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 TRIBHUVAN M RAMINENI 2792 PINE CONE LANE

WARSAW, IN 46582

		The little of the latest the late							
ь	Employer's FED ID number 13-2695416	a Employee's SSA number XXX-XX-0598							
1	Wages, tips, other comp.	2 Federal in	ncome tax withheld						
	90616.29	13182.31							
3	Social security wages	4 Social security tax withheld 5915.50							
	95411.28								
5 Medicare wages and tips		6 Medicare	tax withheld						
	95411.28	1383,46							
7	Social security tips	8 Allocated							
9		10 Dependent care benefits							
11	Nonqualified plans	12a See instruc	tions for box 12						
	1,95 (1914) - 15	CI	76.44						
14	Other 2294.06 ESTRD	12b D	7089.05						
• •	· ·	12c W	750.00						
		12d DD	5991.96						
		13 Stat emp. R	et plan 3rd party sick pay						
15	State Employer's state ID no	o. 16 State wag	es, tips, etc.						
	IN 0001041851 001	90616.29							
17	State income tax	18 Local was	jes, tips, etc.						
	2816.77	90616.29							
19	Local income tax	20 Locality name							

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** SOCIAL SECURITY 5,915.50

13,182.31 FED. INCOME TAX WITHHELD BOX 02 OF W-2

BOX 04 OF W-2 MEDICARE TAX WITHHELD BOX 06 OF W-2 1,383.46

SUI/SDI BOX 14 OF W-2

TAX WITHHELD

0.00

2,816.77 STATE INCOME TAX BOX 17 OF W-2 LOCAL INCOME TAX 872.10 BOX 19 OF W-2

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

TRIBHUVAN M RAMINENI 2792 PINE CONE LANE **WARSAW, IN 46582**

Social Security Number: XXX-XX-0598

1	Wages, tips, other o	00mp. 16.29	2 Federal income tax withheld 13182.31 4 Social security tax withheld 5915.50					
3	Social security was	jes 11.28						
5	memorale mages at	nd tips 11.28	6 Medica	re tax withheld 1383.46				
d O	Control number 000001700 V0T	Dept.	Corp. YBHG	Employer use only 2914				

C-43

Employer's name, address, and ZIP code ZIMMER INC 345 E MAIN ST PO BOX 708 WARSAW, IN 46581-0708

872.10

8 Allocated t	ips						
10 Dependent	Charles of the State of the Sta						
10 Dependent care benefits							
12a See instructions for box 12 C 76.44							
12b D	7089.05						
12c W	750.00						
12d DD	5991.96						
13 Stat emp. Ret.	plan 3rd party sick pay						
and ZIP code							
NE							
	12a See instru C 12b D 12c W						

15 State Employer's state ID no. 16 State wages, tips, etc. 90616 17 State income tax 18 Local wages, tips, etc. 90616.29 2816.77 19 Local income tax 20 Locality name 872.10 C-43 Federal Filing Copy Wage and Tax Statement

Copy B to be filed with employee's Federal Income Tax Return. No. 1545-0008

1 Wages, tips, oth 9	er comp. 0616.29	2 Federal income tax withheld 13182.31				
3 Social security v 9	vages 5411.28	4 Social security tax withheld 5915.50 6 Medicare tax withheld 1383.46				
5 Medicare wages 9	and tips 5411.28					
d Control number 0000001700 V0T	Dept	Corp. YBHG	Employer use only 2914			
Employer's FED	ID number	a Employe	e's SSA number			
7 Social security to		XXX-XX-0598 8 Allocated tips				
9		10 Dependent care benefits				
11 Nonqualified pla	ns	12a C	76.44			
14 Other 2294.06 I	ESTRD	12b D	7089.05			
		12c W	750.00			
		12d DD	5991.96			
		1,100-100-09	Ret. plan 3rd party sick pay			
e/f Employee's nam	e, address a	nd ZIP code				
TRIBHUVAN 2792 PINE C WARSAW, I	ONE LA	NE				
15 State Employer's	s state ID no 351 001		90616.29			
17 State income tax	851 001					

C-43

872.10

IN. State Filing Copy

Wage and Tax

Statement

1 Wages, tips, other co 90616		2 Federal income tax withheld 13182.31 4 Social security tax withheld 5915.50 6 Medicare tax withheld 1383.46						
3 Social security wages 95411	.28							
5 Medicare wages and 95411	tips .28							
d Control number 0000001700 V0T	Dept	Corp. YBHG	Employer use only 291					
	6581	OX 708 -0708						
b Employer's FED ID nu 13-2695416	mber	a Employe	xXX-XX-0598					
7 Social security tips		8 Allocate						
9		10 Dependent care benefits						
11 Nonqualified plans		12a C	70 44					
14 Other 2294.06 ESTRE		12b D	76.44					
		12c W	750.00					
		12d DD	5991.96					
			Ret. plan 3rd party sick pa					
e/f Employee's name, add			^					
2792 PINE CONE WARSAW, IN 4	LAN	IE NI						
15 State Employer's state 0001041851 00	e ID no.	16 State wa	ges, tips, etc. 90616.29					
17 State income tax 2816.	.77	18 Local wages, tips, etc. 90616.29						
19 Local income tax 872.		20 Locality name C-43						
City or Lo		the state of the s	Сору					
		nd Tax						

Department of the Tree	1095-C partment of the Treasury Do not attach to your tax return. Keep for the treasury Go to www.irs.gov/Form1095C for instructions are						or your records.						5055 500750						
Part I Employee 2 Social security number (SSN)						Applicable Large Employer Member (Employer) 8 Employer identification number (Ei									(EIN)				
1 Name of employee (1 TRIBHUVAN	first name, middle in M RAMINEN	itial, last name)				7 Name of employer ZIMMER INC													
3 Street address (including apartment no.) 2792 PINE CONE LANE						9 Street address (includi 345 E MAIN	ng room or suite no.	j				10 Contac 877		phone nu B-093					
4 City or town 5 State or province				6 Country and	ZIP or foreign postal code				ce 13 Co			13 Count	3 Country and ZIP or foreign postal cod 46590				ode		
Part II Emplo	vee Offer of Co				e's Age on January 1		Plan Start Month (enter 2-digit number):												
THE COLUMN TOWN	All 12 Months	Jan	Feb	Mar		May June	July	Aug	Sept		Oct		N	lov		Dec			
4 Offer of Coverage (enter required code)		14	12	18	1A 1	IA 1A	1A	1A	1A		1A		1	A		1A			
5 Employee Required Contribution (see Instructions)	\$	\$	\$	\$	S	5	s	s	s	s		s			s				
6 Section 4980H afe Harbor and Other elief (enter code, applicable)		2C	SC	20	2C 2	2C 2C	2C	2C	2C		2C		2	ec		2C			
7 ZIP Code																			
Form 1095-C (2022	2)															320 Page 3			
Part III Cove	red Individuals	- If Employer	provided self-ins	sured coverage	, check the box and en	ter the information for	each individual	enrolled in covera	ge, includ	ing the	employ	ee. 2	<				Y		
(a) Name of covered individual(s) First name, middle initial, last name						(b) SSN or other TIN	(c) DOB (if SSN or		100	II		Months o	_		Ja	1	_		
18 TRIBHUVAN M RAMINENI			ame		***-**-0598	TIN is not availa	all 12 months	X X	1000	X X			X X		X				
19																			
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27							I .			1									

Form 1095-C (2022)