

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	98,910.96	SOCIAL SECURITY TAX WITHHELD	5,915.50
FED. INCOME TAX WITHHELD	13,182.31	BOX 04 OF W-2	
BOX 02 OF W-2		MEDICARE TAX WITHHELD	1,383.46
STATE INCOME TAX	2,816.77	BOX 06 OF W-2	
BOX 17 OF W-2		SUI/SDI	0.00
LOCAL INCOME TAX	872.10	BOX 14 OF W-2	
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



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PAGE 01 OF 01

← Fold and Detach Here →

Employee Reference Copy			
W-2		2022	
Copy C for employee's records. OMB No. 1545-0008			
d Control number	Dept.	Corp.	Employer use only
0000001700 VOT		YBHG	S 2914
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			
TRIBHUVAN M RAMINENI 2792 PINE CONE LANE WARSAW, IN 46582			
b Employer's FED ID number	a Employee's SSA number		
13-2695416	XXX-XX-0598		
1 Wages, tips, other comp.	2 Federal income tax withheld		
90616.29	13182.31		
3 Social security wages	4 Social security tax withheld		
95411.28	5915.50		
5 Medicare wages and tips	6 Medicare tax withheld		
95411.28	1383.46		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	C 76.44		
14 Other 2294.06 ESTRD	12b D 7089.05		
	12c W 750.00		
	12d DD 5991.96		
	13 Stat emp.	Ret. plan	3rd party sick pay
	X		
15 State	Employer's state ID no.	16 State wages, tips, etc.	
IN	0001041851 001	90616.29	
17 State income tax	18 Local wages, tips, etc.		
2816.77	90616.29		
19 Local income tax	20 Locality name		
872.10	C-43		

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Federal Filing Copy	
W-2	2022
Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008	

IN. State Filing Copy	
W-2	2022
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008	

City or Local Filing Copy	
W-2	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		2 Social security number (SSN) ***-**-0598	Applicable Large Employer Member (Employer)	8 Employer identification number (EIN) 13-2695416
1 Name of employee (first name, middle initial, last name) TRIBHUVAN M RAMINENI		7 Name of employer ZIMMER INC		
3 Street address (including apartment no.) 2792 PINE CONE LANE		9 Street address (including room or suite no.) 345 E MAIN STREET		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	11 City or town WARSAW	12 State or province IN
				13 Country and ZIP or foreign postal code 46590

Part II Employee Offer of Coverage		Employee's Age on January 1												Plan Start Month (enter 2-digit number): 01
		All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)			1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, applicable)			2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code														

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2022)

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. <input checked="" type="checkbox"/>																
	(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	TRIBHUVAN M RAMINENI	***-**-0598			X	X	X	X	X	X	X	X	X	X		
19																
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