

Form **W-2 Wage and Tax Statement 2022**

c Employer's name, address, and ZIP code UNITED HEALTHCARE SERVICES INC ATTN--OPERATIONS MN008-B213 9900 BREN ROAD EAST MINNETONKA MN 55343		7 Social security tips	1 Wages, tips, other comp. 49918.21	2 Federal income tax withheld 4745.00	
e Employee's name, address, and ZIP code ANUJ GARG 400 PALMER POINTE WAY HOLY SPRINGS NC 27540		8 Allocated tips	3 Social security wages 53136.94	4 Social security tax withheld 3294.49	
		9	5 Medicare wages and tips 53136.94	6 Medicare tax withheld 770.49	
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 89.70	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other	12b D 3218.73	
		b Employer identification number (EIN) 41-1289245	12c W 2324.97		
		a Employee's social security no. XXX-XX-1690	12d DD 11489.04		
15 State Employer's state ID no. MN 6982900	16 State wages, tips, etc. 49918.21	17 State income tax 2502.02	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS Web Site at www.irs.gov/efile

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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