

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

**c** Employer's name, address, and ZIP code  
 OPTUM SERVICES, INC  
 ATTN--OPERATIONS MN008-B213  
 9900 BREN ROAD EAST  
 MINNETONKA MN 55343

**e** Employee's name, address, and ZIP code  
 TEJASWI DATTA  
 9527 BLAKE LANE  
 APT 101  
 FAIRFAX VA 22031

<b>7</b> Social security tips	<b>1</b> Wages, tips, other comp. 50687.62	<b>2</b> Federal income tax withheld 4545.72
<b>8</b> Allocated tips	<b>3</b> Social security wages 51706.18	<b>4</b> Social security tax withheld 3205.78
<b>9</b>	<b>5</b> Medicare wages and tips 51706.18	<b>6</b> Medicare tax withheld 749.74
<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12 C 31.20
<b>13</b> <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	<b>14</b> Other	<b>12b</b> D 1018.56
<b>b</b> Employer identification number (EIN) 45-4683454		<b>12c</b> W 1900.00
<b>a</b> Employee's social security no. XXX-XX-6808		<b>12d</b> DD 7288.04
<b>15</b> State MD 15427157	<b>16</b> State wages, tips, etc. 50687.62	<b>17</b> State income tax
		<b>18</b> Local wages, tips, etc.
		<b>19</b> Local income tax
		<b>20</b> Locality name

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e Employee's name, address, and ZIP code TEJASWI DATTA 9527 BLAKE LANE APT 101 FAIRFAX VA 22031		8 Allocated tips	3 Social security wages	4 Social security tax withheld
		9	5 Medicare wages and tips	6 Medicare tax withheld
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
15 State Employer's state ID no. VA 30454683454F001		13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b
		b Employer identification number (EIN) 45-4683454	FED W-2 DATA IS ON SEPARATE W-2	12c
		a Employee's social security no. XXX-XX-6808		12d
16 State wages, tips, etc. 50687.62	17 State income tax 2321.59	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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e Employee's name, address, and ZIP code TEJASWI DATTA 9541 BLAKE LANE APT 102 FAIRFAX VA 22031		8 Allocated tips	3 Social security wages 48161.53	4 Social security tax withheld 2986.01
15 State Employer's state I.D. no. MD 15427157		9	5 Medicare wages and tips 48161.53	6 Medicare tax withheld 698.34
16 State wages, tips, etc. 46890.36		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 27.56
17 State income tax		13 Statutory employee Retirement plan Third-party sick pay X	14 Other	12b D 1271.17
18 Local wages, tips, etc.		b Employer identification number (EIN) 45-4683454		12c W 1900.00
19 Local income tax		a Employee's social security no. XXX-XX-6808		12d DD 7007.64
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Form **W-2 Wage and Tax Statement 2020**

<b>c</b> Employer's name, address, and ZIP code OPTUM SERVICES, INC ATTN--OPERATIONS MN008-B213 9900 BREN ROAD EAST MINNETONKA MN 55343		<b>7</b> Social security tips	<b>1</b> Wages, tips, other compensation 19420.67	<b>2</b> Federal income tax withheld 1559.42	
		<b>8</b> Allocated tips	<b>3</b> Social security wages 20043.58	<b>4</b> Social security tax withheld 1242.70	
		<b>9</b>	<b>5</b> Medicare wages and tips 20043.58	<b>6</b> Medicare tax withheld 290.63	
<b>e</b> Employee's name, address, and ZIP code TEJASWI DATTA 9541 BLAKE LANE APT 102 FAIRFAX VA 22031		<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12 C   11.66	
		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	<b>14</b> Other	<b>12b</b> D   622.91	
		<b>b</b> Employer identification number (EIN) 45-4683454		<b>12c</b> W   2108.33	
		<b>a</b> Employee's social security number XXX-XX-6808		<b>12d</b> DD   2622.75	
<b>15</b> State MD Employer's state ID number 15427157	<b>16</b> State wages, tips, etc. 19420.67	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name

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OMB No. 1545-0008

Dept. of the Treasury - IRS

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		<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12	
<b>15</b> State Employer's state ID number VA 30454683454F001		<b>13</b> Statutory employee Retirement plan Third-party sick pay <b>b</b> Employer identification number (EIN) 45-4683454 <b>a</b> Employee's social security number XXX-XX-6808	<b>14</b> Other FED W-2 DATA IS ON SEPARATE W-2	<b>12b</b> <b>12c</b> <b>12d</b>	
		<b>16</b> State wages, tips, etc. 19420.67	<b>17</b> State income tax 853.73	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax
		<b>20</b> 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 website at [www.irs.gov/efile](http://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.

Form **W-2 Wage and Tax Statement 2020**

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**Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)** OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS website at [www.irs.gov/efile](http://www.irs.gov/efile).

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