Form W-2 Wage and Tax Statement	2022	7 Social security tips		1 Wages, tips, other co 116	mp. 915.55	2 Federal in	come tax withheld 14795.50						
c Employer's name, address, and ZIP code OPTUM SERVICES, INC		8 Allocated tips		3 Social security wages 126438.21		4 Social security tax withheld 7839.17							
ATTNOPERATIONS MN008-B213	9 10 Dependent care benefits		5 Medicare wages and tips 126438.21 11 Nonqualified plans		6 Medicare tax withheld 1833.35 12a See instructions for box 12 C 174.72								
9900 BREN ROAD EAST													
MINNETONKA MN 55343													
e Employee's name, address, and ZIP code	13         Statutory employee         Retirement plan         Third-party sick pay           b         Employer identification number (EIN)		14 Other		12b	12b D 9522.66							
ANIL CHOWDARY PENTRALA					12c								
8487 COBBLE VILLAGE CT		45-4683454				DD 10910.60							
LAS VEGAS NV 89117		a Employee's social security no. XXX-XX-7668				12d							
15 State Employer's state ID no. 16 State	te wages, tips, etc.	17 State income tax	18 Loc	l al wages, tips, etc.	19 Local inc	ome tax	20 Locality name						
	222	7 Social security tips		1 Wages, tips, other co 11	omp. 5915.55	2 Federal in	u are required to file a tax return, a ome is taxable and you fail to report it. come tax withheld 14795.50						
Form W-2 Wage and Tax Statement 2022 c Employer's name, address, and ZIP code OPTUM SERVICES, INC ATTNOPERATIONS MN008-B213 9900 BREN ROAD EAST		8 Allocated tips 9		116915.55 <b>3</b> Social security wages 126438.21 <b>5</b> Medicare wages and tips 126438.21		14795.50 4 Social security tax withheld 7839.17 6 Medicare tax withheld 1833.35							
								10 Dependent care benefits		11 Nonqualified plans		12a See ins	tructions for box 12
								MINNETONKA MN 55343		Otatutary Dationment	Third months		
		e Employee's name, address, and ZIP code ANIL CHOWDARY PENTRALA 8487 COBBLE VILLAGE CT LAS VEGAS NV 89117		13     Statutory employee     Retirement X     Third-party sick pay       b     Employer identification number (EIN)       45-4683454       a     Employee's social security no.       XXX-XX-7668		14 Other		12b D	9522.66				
12c DD	10910.60												
12d													
15 State Employer's state ID no. 16 State	te wages, tips, etc.	17 State income tax	18 Loc	al wages, tips, etc.	19 Local inc	ome tax	20 Locality name						
Copy C For EMPLOYEE'S RECORDS (See Notice to Em	ployee on back of	Сору В.)	OM	IB No. 1545-0008		Dept.	of the Treasury - IRS						

Form W-2 Wage and Tax Stateme	nt 2022	7 Social security tips	1 Wages, tips, other comp. 116915.55	2 Federal incom	e tax withheld 14795.50	
c Employer's name, address, and ZIP code OPTUM SERVICES, INC ATTNOPERATIONS MN008-B213 9900 BREN ROAD EAST MINNETONKA MN 55343		8 Allocated tips	3 Social security wages 126438.21	4 Social security tax withheld 7839.17 6 Medicare tax withheld 1833.35		
		9	5 Medicare wages and tips 126438.21			
		<b>10</b> Dependent care benefits	11 Nonqualified plans	<b>12a</b> ਊ C	174.72	
e Employee's name, address, and ZIP code ANIL CHOWDARY PENTRALA 8487 COBBLE VILLAGE CT LAS VEGAS NV 89117		13 Statutory Retirement Third-party plan Sick pay	14 Other	12b D	9522.66	
		<b>b</b> Employer identification number (EIN) 45-4683454		<b>12c</b> <sup>G</sup> 2 DD	10910.60	
		a Employee's social security no. XXX-XX-7668		12d		
15 State Employer's state ID no.	16 State wages, tips, etc	2. 17 State income tax 18 Loc	cal wages, tips, etc. 19 Local inc	come tax	20 Locality name	
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 Dept. of the Treasury - IRS						

Form W-2 Wage and Tax Statement 2022	7 Social security tips	1 Wages, tips, other comp. 116915.55	2 Federal income tax withheld 14795.50	
c Employer's name, address, and ZIP code OPTUM SERVICES, INC	8 Allocated tips	3 Social security wages 126438.21	4 Social security tax withheld 7839.17 6 Medicare tax withheld 1833.35	
ATTNOPERATIONS MN008-B213 9900 BREN ROAD EAST	9	5 Medicare wages and tips 126438.21		
MINNETONKA MN 55343	<b>10</b> Dependent care benefits	11 Nonqualified plans	<b>12a</b> <sup>©</sup> <sub>2</sub> C 174.72	
e Employee's name, address, and ZIP code ANIL CHOWDARY PENTRALA	13 Statutory Retirement Third-party plan sick pay	14 Other	<b>12b</b> <sup>G</sup> <sub>a</sub> D 9522.66	
8487 COBBLE VILLAGE CT	<b>b</b> Employer identification number (EIN) 45-4683454	)	<b>12c</b> DD 10910.60	
LAS VEGAS NV 89117	a Employee's social security no. XXX-XX-7668		12d	
15 State Employer's state ID no. 16 State wages, t	vs, etc. 17 State income tax 18 Loc	cal wages, tips, etc. 19 Local inc	come tax 20 Locality name	
Copy 2 To Be Filed With Employee's State, City, or Local Incon	Tax Return L87 ON	MB No. 1545-0008 5206	Dept. of the Treasury - IRS	