

Form **W-2 Wage and Tax Statement** 2023

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
 Suff. VENKATA DACHEPALLI
 9515 MARY GENEVA LN
 OWINGS MILLS MD 21117

15 State MD	Employer's state ID no. 15427157	16 State wages, tips, etc. 57153.90	17 State income tax 4450.14	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
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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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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return L87 OMB No. 1545-0008 5206 **Dept. of the Treasury - IRS**

7 Social security tips	1 Wages, tips, other comp. 57153.90	2 Federal income tax withheld 9258.71
8 Allocated tips	3 Social security wages 58870.12	4 Social security tax withheld 3649.95
9	5 Medicare wages and tips 58870.12	6 Medicare tax withheld 853.62
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 101.42
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b D 1716.22
b Employer identification number (EIN) 45-4683454		12c DD 16.50
a Employee's social security no. XXX-XX-4468		12d

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