

| Copy B—To Be Filed With Employee's FEDERAL Tax Return. | | | OMB No. 1545-0008 |
|--|--|--|-------------------|
| a Employee's soc. sec. no. 841-24-2377 | 1 Wages, tips, other comp. 118099.47 | 2 Federal income tax withheld 18345.21 | |
| b Employer ID number (EIN) 410793183 | 3 Social security wages 130625.15 | 4 Social security tax withheld 8098.76 | |
| | 5 Medicare wages and tips 130625.15 | 6 Medicare tax withheld 1894.06 | |
| c Employer's name, address, and ZIP code Medtronic Inc 710 Medtronic Parkway Fridley, MN 55432 | | | |
| d Control number | | | |
| e Employee's name, address, and ZIP code Ravi T Kandru 3780 112th Cir NE Blaine, MN 55449 | | | |
| 7 Social security tips | 8 Allocated tips | 9 | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code See inst. for box 12 C 72.02 | |
| 13 Statutory employee | 14 Other | 12b Code D 12525.68 | |
| Retirement plan X | | 12c Code DD 7776.12 | |
| Third-party sick pay | | 12d Code | |
| MN 8579629 | 118099.47 | 5913.00 | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service.

| Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return | | | OMB No. |
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| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality na | |

Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury - IRS

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