

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

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

**e** Employee's name, address, and ZIP code  
 Suff. SHRAVYA REDDY MORTHALA  
 1912 MELINDA LANE  
 FARMERS BRANCH TX 75234

7 Social security tips	1 Wages, tips, other comp. 78022.22	2 Federal income tax withheld 10318.44
8 Allocated tips	3 Social security wages 82991.43	4 Social security tax withheld 5145.47
9	5 Medicare wages and tips 82991.43	6 Medicare tax withheld 1203.38
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 100.88
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b D 4969.21
b Employer identification number (EIN) 41-1289245		12c DD 7020.97
a Employee's social security no. XXX-XX-6379		12d

15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	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](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.

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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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