| | | | 1 | | | | | | |
|--|----------------------------|--------|--|-------------|--|---------------------------|--|-------------|---------------------------------|
| Form W-2 Wage and Tax Statement | : 2023 | | 7 Social security tips | | 1 Wages, tips, other com | _{p.} 8482.98 | | income t | ax withheld 2382.98 |
| c Employer's name, address, and ZIP code OPTUM SERVICES, INC | | | 8 Allocated tips | | 3 Social security wages 97820.48 | | | | |
| ATTNOPERATIONS MN008-B23 | 13 | | 9 | | 5 Medicare wages and ti 9' | ps 7820.48 | 6 Medica | re tax wit | 1418.40 |
| 9900 BREN ROAD EAST MINNETONKA MN 55343 | | | 10 Dependent care benefits | | 11 Nonqualified plans | | 12a See i | nstruction | ns for box 12 173.66 |
| e Employee's name, address, and ZIP code | | Suff. | 13 Statutory Retirement Third-sick pa | party ay | 14 Other | | 12b | | |
| MAHESH YALLAREDDY 2037 ELK SPRINGS DRIVE | | | b Employer identification number | er (EIN) | | | ∄ D 12c | | 9337.50 |
| HERMITAGE TN 37076 | | | 45-4683454 a Employee's social security no |). | | | ੂੰ ₩ 12d | | 5966.66 |
| | | | XXX-XX-0347 | | | | ^g AA | | 7470.00 |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | | 17 State income tax | 18 Loc | al wages, tips, etc. | 19 Local inc | ome tax | 2 | 0 Locality name |
| Copy B To Be Filed With Employee's FEDERAL T | ax Return | 7 | This information is being fumished | to the I | Internal Revenue Service. | | De | ept. of th | e Treasury - IRS |
| | | | Ü | | B No. 1545-0008 | d to the Internal Rev | Visit the IRS | Web Site a | at www.irs.gov/efile |
| | | | 7 Social security tips | | This information is being fumished negligence penalty or other sanct | | | | cable and you fail to report it |
| Form W-2 Wage and Tax Statement c Employer's name, address, and ZIP code | 2023 | | 9 Allocated tips | | 88 | 8482.98 | 4 Social s | | 2382.98 |
| OPTUM SERVICES, INC | | | 8 Allocated tips | | 3 Social security wages 97820. | | 4 Social security tax withheld 6064.87 | | |
| ATTNOPERATIONS MN008-B23 | L3 | | 9 | | 5 Medicare wages and ti 9 | ps 7820.48 | 6 Medica | re tax witl | hheld 1418.40 |
| 9900 BREN ROAD EAST MINNETONKA MN 55343 | | | 10 Dependent care benefits | | 11 Nonqualified plans | | 12a See i | nstruction | ns for box 12 173.66 |
| e Employee's name, address, and ZIP code | | Suff. | 13 Statutory Retirement Third- sick pa | party ay | 14 Other | | 12b | | |
| MAHESH YALLAREDDY 2037 ELK SPRINGS DRIVE | | | b Employer identification number | er (EIN) | | | å D 12c | | 9337.50 |
| HERMITAGE TN 37076 | | | 45-4683454 a Employee's social security no | | | | ੂੰ ₩ 12d | | 5966.66 |
| | | | XXX-XX-0347 | | | | AA | | 7470.00 |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | | 17 State income tax | 18 Loca | al wages, tips, etc. | 19 Local inc | ome tax | 2 | 0 Locality name |
| | | | | | | | | | |
| Form W-2 Wage and Tax Statement | : 2023 | | 7 Social security tips | | 1 Wages, tips, other com | p. 3482.98 | 2 Federal | income t | ax withheld 2382.98 |
| c Employer's name, address, and ZIP code | | | 8 Allocated tips | | 3 Social security wages | | 4 Social s | ecurity ta | ax withheld |
| OPTUM SERVICES, INC ATTNOPERATIONS MN008-B213 | | | 9 | | 97820.48 5 Medicare wages and tips | | 6 Medicare tax withheld | | |
| 9900 BREN ROAD EAST | | | 10 Dependent care benefits | | 9 1 11 Nonqualified plans | 7820.48 | 12a | | 1418.40 |
| MINNETONKA MN 55343 e Employee's name, address, and ZIP code | | C# | · | narty | | | ^c C | | 173.66 |
| MAHESH YALLAREDDY | | Suff. | | | 14 Other | | 12b g D | | 9337.50 |
| 2037 ELK SPRINGS DRIVE | | | b Employer identification number $45-4683454$ | er (EIN) | | | 12c [©] W | | 5966.66 |
| HERMITAGE TN 37076 | | | a Employee's social security no XXX-XX-0347 |). | | | 12d AA | | 7470.00 |
| | | | | | | 1 | | | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | | 17 State income tax | 18 Loca | al wages, tips, etc. | 19 Local inc | ome tax | 2 | 0 Locality name |
| Copy 2 To Be Filed With Employee's State, City, | or Local Income Tax F | Return | 1 | OM | IB No. 1545-0008 | | De | ept. of the | Treasury - IRS |
| | | | | | | | | | |
| | | | T | | | | | | |
| Form W-2 Wage and Tax Statement | 2023 | | 7 Social security tips | | 1 Wages, tips, other com | _{ip.} 8482.98 | 2 Federal | income t | ax withheld 2382.98 |
| c Employer's name, address, and ZIP code OPTUM SERVICES, INC ATTNOPERATIONS MN008-B213 | | | 8 Allocated tips 9 | | 3 Social security wages 97820.48 5 Medicare wages and tips 97820.48 | | 4 Social security tax withheld 6064.87 | | |
| | | | | | | | 6 Medica | re tax wit | |
| 9900 BREN ROAD EAST MINNETONKA MN 55343 | | | 10 Dependent care benefits | | 11 Nonqualified plans | 7020.40 | 12a | | 1418.40 |
| e Employee's name, address, and ZIP code | | Suff. | 13 Statutory Retirement Third- employee plan sickpo | party ay | 14 Other | | § C 12b | | 173.66 |
| MAHESH YALLAREDDY | | | b Employer identification number | | | | [©] D 12c | | 9337.50 |
| 2037 ELK SPRINGS DRIVE | | | 45-4683454 | | | | g W | | 5966.66 |
| HERMITAGE TN 37076 | | | a Employee's social security no XXX-XX-0347 |). | | | 12d g AA | | 7470.00 |
| 15 State Employer's state ID no. | 16 State wages, tips, etc. | | | 18 00 | al wages, tips, etc. | 19 Local inc | ome tav | | 20 Locality name |
| Сапо вприуот з запото по. | State wages, tips, etc. | | Oldio moonie tax | | aragoo, upa, etc. | Localiilo | | | Locality Hallie |
| Copy 2 To Be Filed With Employee's State, City, | or Local Income Tax F | Return | L87 | OM | IB No. 1545-0008 | 5206 | De | pt. of the | Treasury - IRS |

| Form W-2 Wage and Tax Statement | t 2023 | | 7 Social security tips | | 1 Wages, tips, other com | p. | 2 Federal incom | ne tax withheld |
|--|---------------------------|--------------------|---|---|--|--|---|------------------------------|
| c Employer's name, address, and ZIP code OPTUM SERVICES, INC | | | 8 Allocated tips | | 3 Social security wages | | 4 Social security tax withheld | |
| ATTNOPERATIONS MN008-B23 | 13 | | 9 | | 5 Medicare wages and ti | ps | 6 Medicare tax | withheld |
| 9900 BREN ROAD EAST MINNETONKA MN 55343 | | | 10 Dependent care benefits | | 11 Nonqualified plans | | 12a See instruc | tions for box 12 10411.06 |
| e Employee's name, address, and ZIP code MAHESH YALLAREDDY | | Suff. | 13 Statutory Retirement Thir sick | d-party cpay | 14 Other | | 12b | |
| 2037 ELK SPRINGS DRIVE | | | b Employer identification num | ber (EIN) | | | 12c | |
| HERMITAGE TN 37076 | | | a Employee's social security no. | | FED W-2 DATA IS | | 12d | |
| | | | XXX-XX-0347 | | ON SEPARATE W- | 2 | d | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc | C. | 17 State income tax | 18 Loc | cal wages, tips, etc. | 19 Local inc | ome tax | 20 Locality name |
| Copy B To Be Filed With Employee's FEDERAL T | ax Return | | This information is being fumishe | | | | | the Treasury - IRS |
| | | | | OM | //B No. 1545-0008 | | | ite at www.irs.gov/efile |
| | | | 7 Social security tips | | This information is being fumished negligence penalty or other sanct | | evenue Service. If you are sed on you if this income i | |
| Form W-2 Wage and Tax Statement c Employer's name, address, and ZIP code | t 2023 | | | | | p. | | |
| OPTUM SERVICES, INC | | | 8 Allocated tips | | 3 Social security wages | | 4 Social security tax withheld | |
| ATTNOPERATIONS MN008-B23 | 13 | | 9 | | 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| MINNETONKA MN 55343 | | | 10 Dependent care benefits | | 11 Nonqualified plans | | 12a See instruc | tions for box 12 10411.06 |
| e Employee's name, address, and ZIP code MAHESH YALLAREDDY | | Suff. | 13 Statutory Retirement Thir sick | rd-party cpay | 14 Other | | 12b | |
| 2037 ELK SPRINGS DRIVE | | | b Employer identification number (EIN) 45-4683454 | | | | 12c | |
| HERMITAGE TN 37076 | | | a Employee's social security r | 10. | FED W-2 DATA IS | 5 | 12d | |
| | | | XXX-XX-0347 | | ON SEPARATE W- | 2 | d | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc | С. | 17 State income tax | 18 Loc | cal wages, tips, etc. | 19 Local inc | ome tax | 20 Locality name |
| | | | I-a | | T | | 1 | |
| Form W-2 Wage and Tax Statement | t 2023 | | 7 Social security tips | | 1 Wages, tips, other com | p. | 2 Federal incom | |
| c Employer's name, address, and ZIP code OPTUM SERVICES, INC ATTNOPERATIONS MN008-B213 9900 BREN ROAD EAST | | 8 Allocated tips 9 | | Social security wages Medicare wages and tips | | Social security tax withheld Medicare tax withheld | | |
| | | | | | | | | MINNETONKA MN 55343 |
| e Employee's name, address, and ZIP code MAHESH YALLAREDDY | | Suff. | 13 Statutory Retirement Thir sick | d-party cpay | 14 Other | | 12b | |
| 2037 ELK SPRINGS DRIVE | | | b Employer identification num $45-4683454$ | ber (EIN) | | | 12c | |
| HERMITAGE TN 37076 | | | a Employee's social security r | 10. | FED W-2 DATA IS | 3 | 12d | |
| | | | | | ON SEPARATE W-2 | | e e | |
| 15 State Employer's state ID no. | 16 State wages, tips, etc | D. | 17 State income tax | 18 Loc | cal wages, tips, etc. | 19 Local inc | ome tax | 20 Locality name |
| Copy 2 To Be Filed With Employee's State, City, | or Local Income Ta | x Returi | 1 | ON | MB No. 1545-0008 | | Dept. of | the Treasury - IRS |
| | | | | | | | | |
| | | | 7 Social security tips | | 1 Wages, tips, other com | n. | 2 Federal incom | ne tax withheld |
| Form W-2 Wage and Tax Statement c Employer's name, address, and ZIP code | t 2023 | | 8 Allocated tips | | 3 Social security wages | P. | 4 Social securit | |
| OPTUM SERVICES, INC ATTNOPERATIONS MN008-B213 | | | 9 | | 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| 9900 BREN ROAD EAST | 13 | | | | | ρ υ | 12a | Withinoid |
| MINNETONKA MN 55343 | | 0. " | 10 Dependent care benefits | rd-nartv | 11 Nonqualified plans | | g DD | 10411.06 |
| e Employee's name, address, and ZIP code MAHESH YALLAREDDY | | Suff. | | d-party pay | 14 Other | | 12b | |
| 2037 ELK SPRINGS DRIVE | | | b Employer identification num 45-4683454 | ber (EIN) | | | 12c | |
| HERMITAGE TN 37076 | | | a Employee's social security r | 10. | FED W-2 DATA I | | 12d | |
| 15 State Employer's state ID no. | 16 State wages, tips, et | ^ | 17 State income tax | 19 1 4 | ON SEPARATE W- | 2 19 Local inc | come toy | 20 Locality name |
| Employers state ID 110. | Jia Giale wayes, lips, et | | J. State income tax | 10 LOC | cai wayes, iips, etc. | is Local inc | tdX | 20 Locality flame |
| Copy 2 To Be Filed With Employee's State, City, | or Local Income Tax | x Returr | L87 | | MB No. 1545-0008 | 5206 | Dept. of | the Treasury - IRS |