## Employee Reference Copy Wage and Tax Statement Copy C for employee's records Employer use only 0000003748 VOT YBHG E S 2983 Employer's name, address, and ZIP code ZIMMER INC 345 E MAIN ST PO BOX 708 WARSAW, IN 46581-0708 BOX 19 OF W-2 e/f Employee's name, address, and ZIP code SARASWATHI SEEMAKURTHI 1911 CANYONLN MELISSA, TX 75454 b Employer's FED ID number a Employee's SSA number 13-2695416 XXX-XX-5650 Wages, tips, other comp. 92261.21 14106.26 security wages Social security tax withheld 104232.34 6462.41 5 Medicare wages and tips 6 Medicare tax withheld 104232.34 1511.37

8 Allocated tips

12c DD

15 State Employer's state ID no. 16 State wages, tips, etc.

10 Dependent care benefits 12a See instructions for box 12 C 45.76

18 Local wages, tips, etc.

20 Locality name

## 2023 W-2 and EARNINGS SUMMARY

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer. GROSS PAY 105,850.48

FED. INCOME 14,106.26 TAX WITHHELD BOX 02 OF W-2

0.00 STATE INCOME TAX BOX 17 OF W-2 LOCAL INCOME TAX 0.00

SOCIAL SECURITY 6,462.41 TAX WITHHELD BOX 04 OF W-2 MEDICARE TAX 1.511.37 WITHHELD

SUI/SDI 0.00 BOX 14 OF W-2

BOX 06 OF W-2

To change your employee W-4 profile information file a new W-4 with your payroll department

Social Security Number: XXX-XX-5650

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

**YBHG** 

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Employer use only

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SARASWATHI SEEMAKURTHI 1911 CANYONLN MELISSA, TX 75454

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1 Wages, tips, other comp.

3 Social security wages

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19 Local income tax

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c Employer's name, address, and ZIP code

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i Wages, tips, other comp.

3 Social security wages

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Employer use only

2 Federal income tax withheld

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3 Social security wag		4 Social security tax withhe 6462.41 6 Medicare tax withheld 1511.37			
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ZIMMER INC 345 E MAIN ST PO BOX 708 WARSAW, IN 46581-0708

Social security tips

11 Nonqualified plans

17 State income tax

19 Local income tax

14 Other

b Employer's FED ID number 13-2695416	a Employee's SSA number XXX-XX-5650			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a See ins C	structions for box 12 45.76		
14 Other	<sup>12b</sup> D	11971.13		
	12c DD	8116.50		
	12d			
k sa - 2	13 Stat emp.	Ret. plan 3rd party sick pay		
e/f Employee's name, address				
SARASWATHI SEEM	AKURTHI			

1911 CANYONLN MELISSA, TX 75454

15	State	Employer's state ID no.	16	State wages, tips, etc.		
17 State income tax 19 Local income tax			18 Local wages, tips, etc.			
			20 Locality name			
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c Employer's name, ad ZIMMER INC 345 E MAIN ST WARSAW, IN 46	РО ВО	X 708	ode	
b Employer's FED ID	numbor	a Emplo	woo'e SS	A number
b Employer's FED ID 13-2695416	)	a Emplo	XXX-X	X-5650
7 Social security tips	L IS. R	8 Alloca	ted tips	
9		10 Depe	ndent ca	re benefits
11 Nonqualified plans	SydNe	12a C		45.76
14 Other		12bD		11971.13
		12c DD		8116.50
	6.75	12d		
	1 51	13 Stat em	Ret. plan X	3rd party sick pa
e/f Employee's name, a	address	and ZIP	code	
SARASWATHI	SEEM	AKURTI	-11	
1911 CANYONL	1			
MELISSA, TX 75	454			

15 State Employer's state ID no. 16 State wages, tips, etc.

State Filing Copy

Copy 2 to be filed with employee's State Income

Wage and Tax

Statement

18 Local wages, tips, etc.

20 Locality name

17 State income tax

19 Local income tax

The second secon	ZIMMER INC 345 E MAIN ST PO BOX 708 WARSAW, IN 46581-0708						
	b Employer's FED ID 13-269541	number 6	a Emplo	yee's SS XXX-X	A number X-5650		
	7 Social security tips		8 Allocated tips				
	9		10 Depe	endent car	care benefits		
	11 Nonqualified plans		12a C		45.76		
	14 Other		<sup>12b</sup> D		11971.13		
			12c DD		8116.50		
			12d				
				X	3rd party sick pay		
	e/f Employee's name, address and ZIP code SARASWATHI SEEMAKURTHI						
	1911 CANYONLN						
AL DENE	MELISSA, TX 75454						
200	15 State Employer's st	ate ID no.	16 State	wages, t	ips, etc.		
2	17 State income tax		18 Loca	l wages, t	ips, etc.		

City or Local Filing Copy

Wage and Tax

Statement

Copy 2 to be filed with employee's City or Lo

20 Locality name