

# 2017 W-2 and EARNINGS SUMMARY

<b>Employee Reference Copy</b>			
W-2		2017	
Wage and Tax Statement			
Copy C for employee's records. OMB No. 1545-0048			
d Control number	Dept	Corp.	Employer use only
0000004267 V6U	88600	LDF4	A S 115157
c Employer's name, address, and ZIP code			
HEALTH PLAN OF NEVADA ATTN: OPERATIONS MN008-B213 P.O. BOX 1459 MINNEAPOLIS, MN 55440-1459			
e/f Employee's name, address, and ZIP code			
NEELENDRA KORRAPATI 4409 ACROPOLIS AVE NORTH LAS VEGAS, NV 89031			
b Employer's FED ID number	a Employee's SSA number		
88-0201035	659-75-4297		
1 Wages, tips, other comp.	2 Federal income tax withheld		
3007.55	489.72		
3 Social security wages	4 Social security tax withheld		
3133.70	194.29		
5 Medicare wages and tips	6 Medicare tax withheld		
3133.70	45.44		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	D   126.15		
14 Other	12b DD		331.70
	12c		
	12d		
	13 Stat emp. Ret. plan		3rd party sick pay
	X		
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		

NEELENDRA KORRAPATI  
4409 ACROPOLIS AVE  
NORTH LAS VEGAS, NV 89031

Social Security Number: 659-75-4297



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<b>Federal Filing Copy</b> <b>W-2 Wage and Tax Statement 2017</b> <small>Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0048</small>			

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<b>State Filing Copy</b> <b>W-2 Wage and Tax Statement 2017</b> <small>Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0048</small>			

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<b>City or Local Filing Copy</b> <b>W-2 Wage and Tax Statement 2017</b> <small>Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0048</small>			