

Form **W-2 Wage and Tax Statement** 2019

c Employer's name, address, and ZIP code
UNITED HEALTHCARE SERVICES INC
ATTN--OPERATIONS MN008-B213
PO BOX 1459
MINNEAPOLIS MN 55440-1459

e Employee's name, address, and ZIP code
N SUNDARAMOORTHY
6930 BASS COURT
SHAKOPEE MN 55379

7 Social security tips	1 Wages, tips, other compensation 62367.05	2 Federal income tax withheld 7819.24
8 Allocated tips	3 Social security wages 69467.00	4 Social security tax withheld 4306.95
9	5 Medicare wages and tips 69467.00	6 Medicare tax withheld 1007.27
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 119.99
13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other	12b D 7099.95
b Employer identification number (EIN) 41-1289245		12c W 1455.04
a Employee's social security number 468-47-4957		12d DD 3132.78

15 State Employer's state ID number MN 6982900	16 State wages, tips, etc. 62367.05	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 website at 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 the back of Copy B.) OMB No. 1545-0008 **Dept. of the Treasury - IRS**
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