| W_4  | Wage and Tax Statement                                  | 2020                       |  | 7 Social security tips                        |   | 1 Wages, tips, other comp   | ensation                       | 2 Federa                        | I income       | tax withheld                               |
|--|---|----------------------------|--|---|---|---|--------------------------------|---------------------------------|----------------|--|
| c Employer's name, address, and ZIP code   |   |                            | 8 Allocated tips   |   | 3 Social security wages                   |   | 4 Social security tax withheld |                                 |                |  |
| OPTUM SERVICES, INC  |   |                            |  | 9   |   | 5 Medicare wages and tips   |                                | 6 Medicare tax withheld         |                |  |
| ATTNOPERATIONS MN008-B213 9900 BREN ROAD EAST  |   |                            |  |   |   |   |                                | 12a See instructions for box 12 |                |  |
| MINNETONKA MN 55343  |   |                            | 10 Dependent care benefits   |   | 11 Nonqualified plans                     |   | 12a See                        | Instructi                       | ons for dox 12 |  |
| e Employee's name, address, and ZIP code   |   |                            | 13 Statutory Retirement Third sick   | d-party<br>pay                                | 14 Other                                  |   | 12b                            |                                 |                |  |
|  | SWINDELL  |                            |  | <b>b</b> Employer identification number       | er (EIN)                                  | 1   |                                | 12c                             |                |  |
| 16386 W VALENCIA DR<br>GOODYEAR AZ 85338-5676  |   |                            | 45-4683454 a Employee's social security number XXX-XX-3317   |   | FED W-2 DATA IS ON SEPARATE W-2           |   | 12d                            | l                               |                |  |
|  |   |                            |  |   |   |   | od e                           |                                 |                |  |
| 15 State   | Employer's state ID number                              | 16 State wages, tips, etc. | 0.0  | 17 State income tax                           | 18 Lo                                     | ocal wages, tips, etc.  | 19 Local in                    | come tax                        |                | 20 Locality name                           |
| WI 036102816487502 43906.89  |   |                            |  |   |   |   |                                |                                 |                |  |
| Copy B-  | To Be Filed With Employee's FED                         | ERAL Tax Return            |  | This information is being furnished           | to the Inte                               | ernal Revenue Service.<br>OMB No. 1545-0008   |                                |                                 |                | Treasury - IRS<br>bsite at www.irs.gov/efi |
|  |   |                            |  |   | This in                                   | nformation is being furnished to the ence penalty or other sanction may   | Internal Revenue               | e Service. If yo                | ou are req     | uired to file a tax return, a              |
| <b>387</b> 4   | None and Tou Otatament                                  | 2020                       |  | 7 Social security tips                        | neglige                                   | Wages, tips, other compared to the compar |                                |                                 |                | tax withheld                               |
|  | 2 Wage and Tax Statement 's name, address, and ZIP code |                            |  | 8 Allocated tips                              |   | 3 Social security wages   |                                | 4 Social s                      | security       | tax withheld                               |
| OPTUM SERVICES, INC  |   |                            | 9  |   | 5 Medicare wages and tips                 |   | 6 Medicare tax withheld        |                                 |                |  |
| ATTNOPERATIONS MN008-B213 9900 BREN ROAD EAST  |   |                            |  |   |   |   |                                |                                 |                |  |
| MINNETONKA MN 55343  |   |                            |  | 10 Dependent care benefits                    |   | 11 Nonqualified plans   |                                | 12a See instructions for box 12 |                |  |
| e Employee's name, address, and ZIP code   |   |                            |  | 13 Statutory Retirement Third-party sick pay  |   | 14 Other  |                                | 12b                             |                |  |
| MARK SWINDELL  |   |                            |  | <b>b</b> Employer identification number (EIN) |   |   |                                | 12c                             |                |  |
| 16386 W VALENCIA DR<br>GOODYEAR AZ 85338-5676  |   |                            | 45-4683454  a Employee's social security number  |   | FED W-2 DATA IS                           |   | 12d                            |                                 |                |  |
| GOOD   | 111111 112 03330 3070                                   |                            |  | XXX-XX-3317                                   |   | ON SEPARATE W-  | 2                              | ode                             |                |  |
| 15 State   | Employer's state ID number                              | 16 State wages, tips, etc. |  | 17 State income tax                           | 18 Lo                                     | ocal wages, tips, etc.  | 19 Local in                    | come tax                        |                | 20 Locality name                           |
| WI   | 036102816487502   | 4390                       |  |   | ·   |   |                                |                                 |                |  |
| Copy C-  | For EMPLOYEE'S RECORDS (See                             | Notice to Employe          | e on t   | the back of Copy B.)                          | ON  | MB No. 1545-0008  |                                |                                 |                | Treasury - IRS<br>bsite at www.irs.gov/efi |
|  |   |                            |  |   |   |   |                                |                                 |                |  |
| w.s.w  |   |                            |  | 7 Social security tips                        |   | 1 Wages, tips, other compensation 2 Federal income tax withheld   |                                |                                 |                | tax withheld                               |
| Form W-2 Wage and Tax Statement 2020  c Employer's name, address, and ZIP code OPTUM SERVICES, INC ATTNOPERATIONS MN008-B213 9900 BREN ROAD EAST |   |                            | 8 Allocated tips   |   | 3 Social security wages                   |   | 4 Social security tax withheld |                                 |                |  |
|  |   |                            | 9  |   | 5 Medicare wages and tips                 |   | 6 Medicare tax withheld        |                                 |                |  |
|  |   |                            |  |   |   |   |                                |                                 |                |  |
| MINNETONKA MN 55343  |   |                            | 10 Dependent care benefits   |   | 11 Nonqualified plans                     |   | <b>12a</b>                     |                                 |                |  |
| e Employee's name, address, and ZIP code  MARK SWINDELL  16386 W VALENCIA DR  GOODYEAR AZ 85338-5676   |   |                            | 13 Statutory Patriement Third-party sick pay  b Employer identification number (EIN)  45-4683454  a Employee's social security number  XXX-XX-3317 |   | 14 Other  FED W-2 DATA IS ON SEPARATE W-2 |   | 12b                            |                                 |                |  |
|  |   |                            |  |   |   |   | 12c                            |                                 |                |  |
|  |   |                            |  |   |   |   | 12d                            |                                 |                |  |
|  |   |                            |  |   |   |   | od e                           |                                 |                |  |
| 15 State   | Employer's state ID number                              | 16 State wages, tips, etc. |  | 17 State income tax                           | 18 Lo                                     | ocal wages, tips, etc.  | 19 Local in                    | come tax                        |                | 20 Locality name                           |
| WI   | 036102816487502   | 43906                      | .89  |   |   |   |                                |                                 |                |  |
| Copy 2-  | To Be Filed With Employee's Stat                        | e, City, or Local Ir       | come   | Tax Return                                    | ON  | MB No. 1545-0008  |                                | Dept.                           | of the         | Treasury - IRS                             |
|  |   |                            |  |   |   |   |                                |                                 |                |  |
| W O W  |   |                            |  | 7 Social security tips                        |   | 1 Wages, tips, other compensation   |                                | 2 Federa                        | I income       | tax withheld                               |
| Form W-2 Wage and Tax Statement 2020 c Employer's name, address, and ZIP code  |   |                            | 8 Allocated tips   |   | 3 Social security wages                   |   | 4 Social security tax withheld |                                 |                |  |
| OPTUM SERVICES, INC  |   |                            | 9  |   |   |   | 6 Medicare tax withheld        |                                 |                |  |
| ATTNOPERATIONS MN008-B213 9900 BREN ROAD EAST  |   |                            |  |   |   | 5 Medicare wages and tips   |                                |                                 |                |  |
| MINNETONKA MN 55343  |   |                            |  | 10 Dependent care benefits                    |   | 11 Nonqualified plans   |                                | 12a                             |                |  |
| e Employee's name, address, and ZIP code   |   |                            |  | 13 Statutory Retirement Third sick            | d-party<br>pay                            | 14 Other  |                                | <b>12b</b>                      |                |  |
| MARK SWINDELL  |   |                            | <b>b</b> Employer identification number  | er (EIN)                                      | 1   |   | 12c                            |                                 |                |  |
| 16386 W VALENCIA DR<br>GOODYEAR AZ 85338-5676  |   |                            | 45-4683454  a Employee's social security number  |   | FED W-2 DATA IS                           |   | 12d                            |                                 |                |  |
| GOODIEM ME 03330 3070  |   |                            | XXX-XX-3317  |   | ON SEPARATE W-2                           |   | C                              |                                 |                |  |
| 15 State   | Employer's state ID number                              | 16 State wages, tips, etc. |  | 17 State income tax                           | 18 Lo                                     | ocal wages, tips, etc.  | 19 Local in                    | come tax                        |                | 20 Locality name                           |
| WI   | 036102816487502   | 43906                      | .89  |   | ļ   |   |                                |                                 |                |  |