2021 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement Control number Corp. Employer use only 0000000765 VVV Y034 Employer's name, address, and ZIP code

CAREFUSION RESOURCES LLC 3750 TORREY VIEW COURT SAN DIEGO, CA 92130

e/f Employee's name, address, and ZIP code **ROBERTO ANDERSEN** 19256 RED LAKES LOOP BEND, OR 97702

Employer's FED ID number 20-5247993 a Employee's SSA number XXX-XX-7564 ages, tips, other comp Federal income tax withheld 375228.23 67293.88 Social security wages Social security tax withheld 142800.00 8853.60 Medicare wages and tips 6 Medicare tax withheld 396623.23 7520.65 Social security tips 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 C | 354.75 12b D | 19500.00 11 Nonqualified plans 295.95 OR STTWH 14 Other 12c DD 13 Stat emp Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. OR 01306713 375228.23 18 Local wages, tips, etc. 33465.46 19 Local income tax 20 Locality name

1	1 Wages, tips, other comp. 375228.23		2 Federal income tax withheld 67293.88	
3	Social security wag 14286		4 Social security tax withheld 8853.60	
5	Medicare wages and 39662	tips 23.23	6 Medicare tax withheld 7520.65	
d 00	Control number 000000765 VVV	Dept.	Corp. Y034	Employer use only 1056

c Employer's name, address, and ZIP code

CAREFUSION RESOURCES LLC 3750 TORREY VIEW COURT SAN DIEGO, CA 92130

b Employer's FED ID number 20-5247993	a Employee's SSA number XXX-XX-7564		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 354.75		
14 Other 295.95 OR STTWH	^{12b} D 19500.00		
	^{12c} DD 28186.56		
	12d		
	13 Stat emp. Ret. plan X 3rd party sick pay		

e/f Employee's name, address and ZIP code

ROBERTO ANDERSEN 19256 RED LAKES LOOP BEND. OR 97702

15 State Employer's state ID					
OR 01306713 8	375228.23				
17 State income tax 33465.46	18 Local wages, tips, etc.				
19 Local income tax	20 Locality name				
Federal Filing	n Conv				

Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Re

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 407,785.93 SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2 FED. INCOME 67,293.88 MEDICARE TAX 7,520.65 TAX WITHHELD WITHHELD BOX 02 OF W-2 BOX 06 OF W-2 33,465.46 STATE INCOME TAX SUI/SDI 0.00 BOX 17 OF W-2 BOX 14 OF W-2 LOCAL INCOME TAX 0.00 BOX 19 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-7564

Statement

Copy 2 to be filed with employee's City or Local Incor

ROBERTO ANDERSEN 19256 RED LAKES LOOP BEND, OR 97702

Statement

employee's State Income Tax Ret

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B⊌ 2021 ADP, Inc.	PAGE 01	OF 01		
1 Wages, tips, other comp. 375228.23	2 Federal income tax withheld 67293.88	1 Wages, tips, other comp. 375228.23	2 Federal income tax withheld 67293.88	
3 Social security wages 142800.00	4 Social security tax withheld 8853.60	3 Social security wages 142800.00	4 Social security tax withheld 8853.60	
5 Medicare wages and tips 396623.23	6 Medicare tax withheld 7520.65	5 Medicare wages and tips 396623.23	6 Medicare tax withheld 7520.65	
d Control number Dept.	Corp. Employer use only Y034 1056	d Control number Dept. 0000000765 VVV	Corp. Employer use only 1056	
c Employer's name, address, a	and ZIP code	c Employer's name, address, a	and ZIP code	
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b Employer's FED ID number 20-5247993	a Employee's SSA number XXX-XX-7564	b Employer's FED ID number 20-5247993	a Employee's SSA number XXX-XX-7564	
7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	9	10 Dependent care benefits	
11 Nonqualified plans	12a C 354.75	11 Nonqualified plans	12a C 354.75	
14 Other 295.95 OR STTWH	^{12b} D 19500.00	14 Other 295.95 OR STTWH	^{12b} D 19500.00	
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	13 Stat emp. Ret. plan 3rd party sick pay		13 Stat emp. Ret. plan 3rd party sick pa	
e/f Employee's name, address a		e/f Employee's name, address a		
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15 State Employer's state ID no OR 01306713 8	o. 16 State wages, tips, etc. 375228.23	15 State Employer's state ID no 01306713 8	o. 16 State wages, tips, etc. 375228.23	
17 State income tax 33465.46	18 Local wages, tips, etc.	17 State income tax 33465.46	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	19 Local income tax	20 Locality name	
OR. State Fil	ing Copy	City or Local	Filing Copy	
Wage	and Tax 2021	Wage a	and Tax 2021	