

Form **W-2 Wage and Tax Statement** 2021

c Employer's name, address, and ZIP code  
 MUTUAL OF OMAHA INSURANCE CO.  
 3301 DODGE STREET  
 OMAHA NE 68131

e Employee's name, address, and ZIP code  
 MOUNIKA YERRAMSETTY  
 7338 S 184TH STREET  
 OMAHA NE 68136

7 Social security tips		1 Wages, tips, other comp. 82427.00	2 Federal income tax withheld 11882.60
8 Allocated tips		3 Social security wages 87775.60	4 Social security tax withheld 5442.09
9		5 Medicare wages and tips 87775.60	6 Medicare tax withheld 1272.75
10 Dependent care benefits		11 Nonqualified plans	12a See instructions for box 12 C   21.60
13 Statutory employee	Retirement plan <input checked="" type="checkbox"/>	14 Other	12b D   5348.60
b Employer identification number (EIN) 47-0246511			12c DD   14868.00
a Employee's social security no. XXX-XX-9007			12d
15 State NE	Employer's state I.D. no. 0340081	16 State wages, tips, etc. 82427.00	17 State income tax 4299.49
		18 Local wages, tips, etc.	19 Local income tax
		20 Locality name	

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 Web Site at [www.irs.gov/efile](http://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 back of Copy B)

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

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