

Form **W-2 Wage and Tax Statement 2020**

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

| | | | | | | |
|----------|----------------------------|----------------------------|---------------------|----------------------------|---------------------|------------------|
| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| NE | 0340081 | 73951.19 | 3890.58 | | | |

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.)

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

OMB No. 1545-0008

Dept. of the Treasury - IRS

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