

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  
**NEHA SATTU**  
**2929 PADDOCK PLAZA**  
**144A**  
**OMAHA NE 68124**

7 Social security tips		1 Wages, tips, other comp. 34012.24		2 Federal income tax withheld 4450.92		
8 Allocated tips		3 Social security wages		4 Social security tax withheld		
9		5 Medicare wages and tips		6 Medicare tax withheld		
10 Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12 C   10.50		
13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		14 Other		12b D   1922.16		
b Employer identification number (EIN) 47-0246511				12c DD   3410.00		
a Employee's social security no. XXX-XX-4086				12d		
15 State NE	Employer's state I.D. no. 0340081	16 State wages, tips, etc. 34012.24	17 State income tax 1807.16	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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