

# 2021 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
<b>W-2</b>		<b>2021</b>	
Wage and Tax Statement		Copy C for employee's records.	
d Control number		Dept.	Corp.
0000123487 NQB			C37F
		Employer use only	
		S 83719	
c Employer's name, address, and ZIP code			
NORDSTROM INC 1700 7TH AVE SUITE 1000 SEATTLE, WA 98101			
e/f Employee's name, address, and ZIP code			
PRANEETHA PATLOLLA 206 5TH AVE N APT# 614 SEATTLE, WA 98109			
b Employer's FED ID number		a Employee's SSA number	
91-0515058		XXX-XX-1974	
1 Wages, tips, other comp.	2 Federal income tax withheld		
74828.50	8442.62		
3 Social security wages	4 Social security tax withheld		
81059.29	5025.68		
5 Medicare wages and tips	6 Medicare tax withheld		
81059.29	1175.36		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	C I 49.68		
	12b D I 6230.79		
14 Other	12c W I 2176.64		
	12d DD 2763.50		
	13 Stat emp Ret. plan 3rd party sick pay		
	X		
15 State Employer's state ID no.	16 State wages, tips, etc.		
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

PRANEETHA PATLOLLA  
206 5TH AVE N  
APT# 614  
SEATTLE, WA 98109

Social Security Number: XXX-XX-1974



1 Wages, tips, other comp. 74828.50		2 Federal income tax withheld 8442.62	
3 Social security wages 81059.29		4 Social security tax withheld 5025.68	
5 Medicare wages and tips 81059.29		6 Medicare tax withheld 1175.36	
d Control number 0000123487 NQB	Dept.	Corp. C37F	Employer use only 83719

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**NORDSTROM INC**  
 1700 7TH AVE  
 SUITE 1000  
 SEATTLE, WA 98101

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7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 C   49.68	
14 Other		12b D   6230.79	
		12c W   2176.64	
		12d DD   2763.50	
		13 Stat emp. Ret. plan 3rd party sick pay X	

e/f Employee's name, address and ZIP code  
**PRANEETHA PATLOLLA**  
 206 5TH AVE N  
 APT# 614  
 SEATTLE, WA 98109

15 State	Employer's state ID no.	16 State wages, tips, etc.
17 State income tax		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

Federal Filing Copy  
**W-2** Wage and Tax Statement **2021**  
 OMB No. 1545-0008  
 Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 74828.50		2 Federal income tax withheld 8442.62	
3 Social security wages 81059.29		4 Social security tax withheld 5025.68	
5 Medicare wages and tips 81059.29		6 Medicare tax withheld 1175.36	
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e/f Employee's name, address and ZIP code  
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 206 5TH AVE N  
 APT# 614  
 SEATTLE, WA 98109

15 State	Employer's state ID no.	16 State wages, tips, etc.
17 State income tax		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

State Filing Copy  
**W-2** Wage and Tax Statement **2021**  
 OMB No. 1545-0008  
 Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 74828.50		2 Federal income tax withheld 8442.62	
3 Social security wages 81059.29		4 Social security tax withheld 5025.68	
5 Medicare wages and tips 81059.29		6 Medicare tax withheld 1175.36	
d Control number 0000123487 NQB	Dept.	Corp. C37F	Employer use only 83719

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 APT# 614  
 SEATTLE, WA 98109

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17 State income tax		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

City or Local Filing Copy  
**W-2** Wage and Tax Statement **2021**  
 OMB No. 1545-0008  
 Copy 2 to be filed with employee's City or Local Income Tax Return.

FOLD AND DETACH HERE

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