FORM W-2 Wage and Tax Statement

92026

143-6860-9

34-0590250

USA

CA CA

PLOYEE'S FIRST NAME AND INITIAL

FORM W-2 Wage and Tax Statement

Dept. of the Treasury • Internal Revenue Service Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2) 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.

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents Soc. Sec. Box 3 and 7 Medicare Box 5 Federal Box 1 129011.44 129011.44 129011 44 The white copies of the W-2 forms are for your tax returns; the blue copy is for your records. General instructions, including an explanation Txbl Benefits Group Term Life 144.04 144.04 144.04 of the letter codes in box 12, are on the other Adoption side of the page. Deferred Comp (8557.72) Section 125 (1422.46) (1422.46) To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments. (1422.46) Other Pretax/Wage Lim W-2 Wages 127733.02 127733.02 ES, TIPS, OTHER, C OMB NO. 1545 - 0008 000244882301 19519.54 2021 119175.30 292-17-2476 34-0590250 7919.45 127733.02 C EMPLOYERS NAME ADDRESS, AND ZIP OF Nordson Corporation 28601 Clemens Rd. Mestlake OH 44145 1852.13 127733.02 8. ALLOCATED TIPS Third-Part Sick Pay Statutory

10. DEPENDENT CARE BENEFIT! \Box \boxtimes

Kollu CDW

Siva 1266 Pleasant Hill St. 144.04

CA SDI

1539.58

000244882301 OMB NO. 1545 - 0008 119175.30 19519.54 A EMPLOYEE'S SOCIAL 292-17-2476 127733.02 ARE WAGES AND TIPS MEDICARE TAX WITHHELD 127733.02 O DEDENDENT CARE REVEETS

8670.50

34-0590250 7919.45 Nordson Corporation 1852.13 28601 Clemens Rd. Westlake OH 44145

E. EMPLOYEE'S FIRST NAME AND INITIAL SIVA Kollu 144.04

D W CA SDI CA 92026 1539.58 DD 3 32

1266 Pleasant Hill St. 8557.72 1199.94 Escondido 7188.22 X Third-Party Sick Pay F. EMPLOYEE'S ADDRESS AND ZIP CODE 143-6860-9 PS, ETC. 120375.24 8670.50

filed with Employee's STATE, CITY or LOCAL tax return 5057 Dept. of the Treasury - Internal Revenue Service FOLD AND TEAR ALONG PERFORATION

CA Copy 2 To be FORM W-2 Wage and Tax Statement OMB NO. 1545 - 0008 19519.54

119175.30

000244882301 34-0590250

PS, ETC. 120375.24

292-17-2476 127733.02

Nordson Corporation 127733.02 28601 Clemens Rd. Westlake OH 44145

E. EMPLOYEE'S FIRST NAME AND INITIAL Kollu 11. NONQUALIFIED PLANS C

1266 Pleasant Hill St. Escondido CA 92026 USA D CA SDI 1539.58 DD

13. Statutor Employ Ret CA

143-6860-9 8670.50 120375.24 Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return Dept. of the Tre

5057 FORM W-2 Wage and Tax Statement FOLD AND TEAR ALONG PERFORATION

OMB NO. 1545 - 0008 2. FEDERAL INCOME TAX WITHHELD 000244882301

Nordson Corporation 127733.02 28601 Clemens Rd. 8. ALLOCATED TIPS Westlake OH 44145 ENDENT CARE BENEFITS

Siva 1266 Ple 1266 Pleasant Hill St. Escondido CA 92026 CA SDI 143-6860-9 120375.24 8670.50 To be filed with Employee's FEDERAL tax r

292-17-2476

Kollu

5057

Dept. of the Treasury - Internal Revenue Serv FOLD AND TEAR ALONG PERFORATION

CD

W

DD

8557.72 1199.94

7188.22

7919.45

1852.13

144.04

8557.72

1199.94

7188.22

19519.54

7919.45

1852.13

144.04

8557.72

1199.94

7188.22

X Third-Party Sick Pay

Third-Party Sick Pay

DD

FOLD AND TEAR ALONG PERFORATION 2. FEDERAL INCOM

12 4-

3. Sta

119175.30

127733.02

1539.58