

FORM W-2 Wage and Tax Statement

Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

Dept. of the Treasury • Internal Revenue Service

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.

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 of the letter codes in box 12, are on the other side of the page.

To the right is an explanation of your W-2 wages. Please note that the Gross amount may include adjustments.

	Federal Box 1	Soc. Sec. Box 3 and 7	Medicare Box 5
Gross Wages	129011.44	129011.44	129011.44
Txbl Benefits			
Group Term Life	144.04	144.04	144.04
Adoption			
Deferred Comp	(8557.72)		
Section 125	(1422.46)	(1422.46)	(1422.46)
Other Pretax/Wage Limit			
W-2 Wages	119175.30	127733.02	127733.02

D. CONTROL NUMBER 000244882301		This information is being furnished to the Internal Revenue Service		2021		OMB NO. 1545 - 0008		1. WAGES, TIPS, OTHER, COMPENSATION 119175.30		2. FEDERAL INCOME TAX WITHHELD 19519.54	
B. EMPLOYER IDENTIFICATION NUMBER 34-0590250				A. EMPLOYEE'S SOCIAL SECURITY NUMBER 292-17-2476				3. SOCIAL SECURITY WAGES 127733.02		4. SOCIAL SECURITY TAX WITHHELD 7919.45	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE Nordson Corporation 28601 Clemens Rd. Westlake OH 44145								5. MEDICARE WAGES AND TIPS 127733.02		6. MEDICARE TAX WITHHELD 1852.13	
E. EMPLOYEE'S FIRST NAME AND INITIAL Siva								LAST NAME Kollu		SUFF.	
11. NONQUALIFIED PLANS								12. a-d C 144.04 D 8557.72 W 1199.94 DD 7188.22			
14. OTHER CA SDI 1539.58											
13. Statutory Employee <input type="checkbox"/>		Retirement Plan <input checked="" type="checkbox"/>		Third-Party Sick Pay <input type="checkbox"/>							
15. STATE CA		EMPLOYER'S STATE I.D. NO. 143-6860-9		16. STATE WAGES, TIPS, ETC. 120375.24		17. STATE INCOME TAX 8670.50		18. LOCAL WAGES, TIPS, ETC.		19. LOCAL INCOME TAX	
										20. LOCALITY NAME	

FOLD AND TEAR ALONG PERFORATION

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Visit www.irs.gov/efile for e-file details.

W-2 AND WAGE SUMMARY

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