

Copy C, For EMPLOYEE'S RECORDS.
(See Notice to Employee on back.)

OMB No. 1545-0008

a Employee's SSN 291-31-8197	1 Wages, tips, other compensation 4071.75	2 Federal income tax withheld 181.72	
b Employer ID no. (EIN) 47-0628459	3 Social security wages 4071.75	4 Social security tax withheld 252.45	
	5 Medicare wages and tips 4071.75	6 Medicare tax withheld 59.04	
c Employer's name, address and ZIP code THE NOLL COMPANY 12905 WEST DODGE ROAD OMAHA, NE 68154			
d Control Number			
e Employee's first name and initial ANEL GONZALEZ BADILLO 6902 S 33TH ST BELLEVUE, NE 68147			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other	12b Code	
		12c Code	
		12d Code	
15 State NE	Employer's state ID number 10829695	16 State wages, tips, etc. 4071.75	17 State income tax 95.38
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

VBA **Form W-2 Wage and Tax Statement 2021** Department of the Treasury - Internal Revenue Service

Copy B, To Be Filed with Employee's FEDERAL Tax Return.

OMB No. 1545-0008

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

VBA **Form W-2 Wage and Tax Statement 2021** Department of the Treasury - Internal Revenue Service

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

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