

Form **W-2 Wage and Tax Statement 2022**

c Employer's name, address, and ZIP code MUTUAL OF OMAHA INSURANCE CO. 3301 DODGE STREET OMAHA NE 68131		7 Social security tips	1 Wages, tips, other comp. 101271.21	2 Federal income tax withheld 15736.91		
e Employee's name, address, and ZIP code MOUNIKA YERRAMSETTY 7338 S 184TH STREET OMAHA NE 68136		8 Allocated tips	3 Social security wages 107650.87	4 Social security tax withheld 6674.35		
		9	5 Medicare wages and tips 107650.87	6 Medicare tax withheld 1560.94		
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 28.80		
13 Statutory employee Retirement plan Third-party sick pay X		14 Other	12b D 6379.66			
			b Employer identification number (EIN) 47-0246511		12c DD 8916.00	
			a Employee's social security no. XXX-XX-9007		12d	
15 State NE 0340081	Employer's state ID no.	16 State wages, tips, etc. 101271.21	17 State income tax 5496.13	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

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.) OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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