

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

e Employee's name, address, and ZIP code
SUJAN GALIVEETI
 2880 N WICKHAM RD APT 702
 MELBOURNE FL 32935

7 Social security tips	1 Wages, tips, other comp. 44269.44	2 Federal income tax withheld 6789.44
8 Allocated tips	3 Social security wages 46669.44	4 Social security tax withheld 2893.51
9	5 Medicare wages and tips 46669.44	6 Medicare tax withheld 676.71
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 28.00
13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other	12b D 2400.00
b Employer identification number (EIN) 47-0246511		12c DD 3676.00
a Employee's social security no. XXX-XX-6040		12d
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

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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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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