

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

Employer's name, address, and ZIP code  
**MUTUAL OF OMAHA INSURANCE CO.**  
3301 DODGE STREET  
OMAHA NE 68131

Employee's name, address, and ZIP code  
**SANDEEP SRIKAKOLLA**  
8404 WARREN PKWY APT 1723  
FRISCO TX 75034

7 Social security tips		1 Wages, tips, other compensation	2 Federal income tax withheld
8 Allocated tips		3 Social security wages	4 Social security tax withheld
9		5 Medicare wages and tips	6 Medicare tax withheld
10 Dependent care benefits		11 Nonqualified plans	12a
b Employer identification number (EIN) 47-0246511		14 Other	12b
a Employee's social security number XXX-XX-8895			12c
13 Statutory employee Retirement plan Third party sick pay			12d
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
			18 Local wages, tips, etc.
			19 Local income tax
			20 Locality name

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

Dept. of the Treasury - IRS

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

Dept. of the Treasury - IRS

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 the back of Copy B.)

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Copy B—To Be Filed With Employee's FEDERAL Tax Return.

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