

Employee Reference Copy  
**W-2** Wage and Tax Statement **2023**  
 OMB No. 1545-0008  
 Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
0000122130 NQB		C37F	C S 36583

c Employer's name, address, and ZIP code  
 NORDSTROM INC  
 1600 7TH AVE  
 STE 2400  
 SEATTLE, WA 98101

e/f Employee's name, address, and ZIP code  
 CHINMAYEE GULLAPALLI  
 4017 AGATHA CT  
 AUBREY, TX 76227

b Employer's FED ID number	a Employee's SSA number
91-0515058	XXX-XX-5160

1 Wages, tips, other comp.	2 Federal income tax withheld
180370.01	32968.75
3 Social security wages	4 Social security tax withheld
160200.00	9932.40
5 Medicare wages and tips	6 Medicare tax withheld
193829.84	2810.53
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	C   526.32
14 Other	12b D   13459.83
	12c W   1029.84
	12d DD   7182.72
	13 Stat emp. Ret. plan 3rd party sick pay
	X

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

CHINMAYEE GULLAPALLI  
4017 AGATHA CT  
AUBREY, TX 76227

Social Security Number: XXX-XX-5160



© 2023 ADP, Inc.

Fold and Detach Here

1 Wages, tips, other comp.	2 Federal income tax withheld		
180370.01	32968.75		
3 Social security wages	4 Social security tax withheld		
160200.00	9932.40		
5 Medicare wages and tips	6 Medicare tax withheld		
193829.84	2810.53		
d Control number	Dept.	Corp.	Employer use only
0000122130 NQB		C37F	C S 36583

c Employer's name, address, and ZIP code  
 NORDSTROM INC  
 1600 7TH AVE  
 STE 2400  
 SEATTLE, WA 98101

b Employer's FED ID number	a Employee's SSA number
91-0515058	XXX-XX-5160

7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	C   526.32
14 Other	12b D   13459.83
	12c W   1029.84
	12d DD   7182.72
	13 Stat emp. Ret. plan 3rd party sick pay
	X

e/f Employee's name, address and ZIP code  
 CHINMAYEE GULLAPALLI  
 4017 AGATHA CT  
 AUBREY, TX 76227

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

Federal Filing Copy  
**W-2** Wage and Tax Statement **2023**  
 OMB No. 1545-0008  
 Copy B to be filed with employee's Federal Income Tax Return.

FOLD AND DETACH HERE

1 Wages, tips, other comp.	2 Federal income tax withheld		
180370.01	32968.75		
3 Social security wages	4 Social security tax withheld		
160200.00	9932.40		
5 Medicare wages and tips	6 Medicare tax withheld		
193829.84	2810.53		
d Control number	Dept.	Corp.	Employer use only
0000122130 NQB		C37F	C S 36583

c Employer's name, address, and ZIP code  
 NORDSTROM INC  
 1600 7TH AVE  
 STE 2400  
 SEATTLE, WA 98101

b Employer's FED ID number	a Employee's SSA number
91-0515058	XXX-XX-5160

7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	C   526.32
14 Other	12b D   13459.83
	12c W   1029.84
	12d DD   7182.72
	13 Stat emp. Ret. plan 3rd party sick pay
	X

e/f Employee's name, address and ZIP code  
 CHINMAYEE GULLAPALLI  
 4017 AGATHA CT  
 AUBREY, TX 76227

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

State Filing Copy  
**W-2** Wage and Tax Statement **2023**  
 OMB No. 1545-0008  
 Copy 2 to be filed with employee's State Income Tax Return.

FOLD AND DETACH HERE

1 Wages, tips, other comp.	2 Federal income tax withheld		
180370.01	32968.75		
3 Social security wages	4 Social security tax withheld		
160200.00	9932.40		
5 Medicare wages and tips	6 Medicare tax withheld		
193829.84	2810.53		
d Control number	Dept.	Corp.	Employer use only
0000122130 NQB		C37F	C S 36583

c Employer's name, address, and ZIP code  
 NORDSTROM INC  
 1600 7TH AVE  
 STE 2400  
 SEATTLE, WA 98101

b Employer's FED ID number	a Employee's SSA number
91-0515058	XXX-XX-5160

7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	C   526.32
14 Other	12b D   13459.83
	12c W   1029.84
	12d DD   7182.72
	13 Stat emp. Ret. plan 3rd party sick pay
	X

e/f Employee's name, address and ZIP code  
 CHINMAYEE GULLAPALLI  
 4017 AGATHA CT  
 AUBREY, TX 76227

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

City or Local Filing Copy  
**W-2** Wage and Tax Statement **2023**  
 OMB No. 1545-0008  
 Copy 2 to be filed with employee's City or Local Income Tax Return.