Employee F	eference	Copy		
Wage and Tax 2023				
	ement	LUZO		
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d Control number Der		Employer use only		
0000122130 NQB		C S 36583		
c Employer's name, addres	C37F			
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NORDSTROM INC				
1600 7TH AVE				
STE 2400	01			
SEATTLE, WA 981	01			
The State of the Control of the Cont				
e/f Employee's name, addr	ess and 7IP	code		
CHINMAYEE GUL	APALLI			
4017 AGATHA CT	LAI ALLI			
		T. H		
AUBREY, TX 76227				
b Employer's FED ID num	ber a Emplo	yee's SSA number		
91-0515058		XXX-XX-5160		
1 Wages, tips, other comp.	2 Feder	al income tax withheld		
180370.01		32968.75		
3 Social security wages	4 Socia	4 Social security tax withheld		
160200.00		9932.40		
5 Medicare wages and tips	6 Medic	6 Medicare tax withheld		
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7 Social security tips	8 Alloca	ated tips		
9	10 Dep	endent care benefits		
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1, 1014		526.32 1 13459.83		
14 Other	12b D 12c W	1029.84		
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		X		
15 State Employer's state I	D no. 16 Stat	e wages, tips, etc.		
17 State income tax	18 Loca	al wages, tips, etc.		
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19 Local income tax	20 Loca	ality name		
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1 Wages, tips, other comp.	2 Fede	ral income tax withheld		
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CHINMAYEE GULLAPALLI **4017 AGATHA CT** AUBREY, TX 76227

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Social Security Number: XXX-XX-5160

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6 Medicare tax withheld 2810.53

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1 Wages, tips, other comp.

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@ 2023 ADP, Inc.

1 Wages, tips, other comp.

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d Control number	Dept.	Corp.	Employer use only			
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c Employer's name, ac NORDSTROM II 1600 7TH AVE STE 2400 SEATTLE, WA	NC	na zir cc	nue -			
b Employer's FED ID 91-051505	number 8					
7 Social security tips		8 Alloca	ted tips			
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		12d DD	7182.72			
			Ret plan 3rd party sick pa			
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17 State income tax		18 Loca	l wages, tips, etc.			
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Federal Filing Copy
Wage and Tax

Statement

Copy B to be filed with employee's Federal Income Tax Return.

NORDSTR 1600 7TH A STE 2400 SEATTLE,	OM INC AVE	s, and ZIP code			
b Employer's F 91-05	ED ID numb	per a Employee	a Employee's SSA number XXX-XX-5160		
7 Social security	tips		8 Allocated tips		
		10 Depende	10 Dependent care benefits		
11 Nonqualified	plans	12a C	526.32		
14 Other	12bD	13459.83			
	12cW	1029.84			
			7182.72		
		13 Stat emp. Re	t. plan 3rd party sick pay		
CHINMAYE 4017 AGAT AUBREY, T	E GULL THA CT TX 76227				
15 State Emplo	yer's state ID	no. 16 State wa	ges, tips, etc.		
17 State income	tax	18 Local wa	18 Local wages, tips, etc.		
			20 Locality name		

Statement

Copy 2 to be filed with employee's State Income Tax Return.

d Control number	Dept.	Corp.	Employ	er use or
0000122130 NQB		C37F	CS	36583
c Employer's name, a	ddress, a	nd ZIP co	ode	
NORDSTROM 1600 7TH AVE STE 2400 SEATTLE, WA				
b Employer's FED ID 91-051505	number 58	a Emplo	yee's SS. XXX-X	A number X-516 0
7 Social security tips		8 Alloca	led tips	
9.1.1			ndent car	e benefits
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14 Other		12b D		13459.
		12c W		1029.
		12d DD		7182.
			X	3rd party sid
e/f Employee's name,	address	and ZIP	code	
CHINMAYEE		PALLI		
4017 AGATHA				
AUBREY, TX 7	6227			

15 State Employer's state ID no. 16 State wages, tips, etc. 18 Local wages, tips, etc. 17 State income tax 20 Locality name 19 Local income tax

City or Local Filing Copy
Wage and Tax
Statement Copy 2 to be filed with employee's City or Local Income Tax Re