

Form **W-2 Wage and Tax Statement** 2020

c Employer's name, address, and ZIP code CURATORS OF THE UNIVERSITY OF MISSOURI PO BOX 56 COLUMBIA MO 65205-0056		7 Social security tips	1 Wages, tips, other compensation 1920.00	2 Federal income tax withheld 33.65
e Employee's name, address, and ZIP code TEJASWI AYYADAPU 3627 GILLHAM RD APT NO55 KANSAS CITY MO 64111		8 Allocated tips	3 Social security wages	4 Social security tax withheld
		9	5 Medicare wages and tips	6 Medicare tax withheld
15 State Employer's state ID number MO 11166045		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		13 Statutory employee Retirement plan Third-party sick pay b Employer identification number (EIN) 43-6003859	14 Other	12b
		a Employee's social security number XXX-XX-3443		12c
16 State wages, tips, etc. 1920.00		17 State income tax	18 Local wages, tips, etc. 1920.00	19 Local income tax 19.20
				20 Locality name KC

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 website 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.

Form **W-2 Wage and Tax Statement** 2020

c Employer's name, address, and ZIP code CURATORS OF THE UNIVERSITY OF MISSOURI PO BOX 56 COLUMBIA MO 65205-0056		7 Social security tips	1 Wages, tips, other compensation 1920.00	2 Federal income tax withheld 33.65
e Employee's name, address, and ZIP code TEJASWI AYYADAPU 3627 GILLHAM RD APT NO55 KANSAS CITY MO 64111		8 Allocated tips	3 Social security wages	4 Social security tax withheld
		9	5 Medicare wages and tips	6 Medicare tax withheld
15 State Employer's state ID number MO 11166045		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		13 Statutory employee Retirement plan Third-party sick pay b Employer identification number (EIN) 43-6003859	14 Other	12b
		a Employee's social security number XXX-XX-3443		12c
16 State wages, tips, etc. 1920.00		17 State income tax	18 Local wages, tips, etc. 1920.00	19 Local income tax 19.20
				20 Locality name KC

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS website at www.irs.gov/efile.

Form **W-2 Wage and Tax Statement** 2020

c Employer's name, address, and ZIP code CURATORS OF THE UNIVERSITY OF MISSOURI PO BOX 56 COLUMBIA MO 65205-0056		7 Social security tips	1 Wages, tips, other compensation 1920.00	2 Federal income tax withheld 33.65
e Employee's name, address, and ZIP code TEJASWI AYYADAPU 3627 GILLHAM RD APT NO55 KANSAS CITY MO 64111		8 Allocated tips	3 Social security wages	4 Social security tax withheld
		9	5 Medicare wages and tips	6 Medicare tax withheld
15 State Employer's state ID number MO 11166045		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		13 Statutory employee Retirement plan Third-party sick pay b Employer identification number (EIN) 43-6003859	14 Other	12b
		a Employee's social security number XXX-XX-3443		12c
16 State wages, tips, etc. 1920.00		17 State income tax	18 Local wages, tips, etc. 1920.00	19 Local income tax 19.20
				20 Locality name KC

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

Form **W-2 Wage and Tax Statement** 2020

c Employer's name, address, and ZIP code CURATORS OF THE UNIVERSITY OF MISSOURI PO BOX 56 COLUMBIA MO 65205-0056		7 Social security tips	1 Wages, tips, other compensation 1920.00	2 Federal income tax withheld 33.65
e Employee's name, address, and ZIP code TEJASWI AYYADAPU 3627 GILLHAM RD APT NO55 KANSAS CITY MO 64111		8 Allocated tips	3 Social security wages	4 Social security tax withheld
		9	5 Medicare wages and tips	6 Medicare tax withheld
15 State Employer's state ID number MO 11166045		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		13 Statutory employee Retirement plan Third-party sick pay b Employer identification number (EIN) 43-6003859	14 Other	12b
		a Employee's social security number XXX-XX-3443		12c
16 State wages, tips, etc. 1920.00		17 State income tax	18 Local wages, tips, etc. 1920.00	19 Local income tax 19.20
				20 Locality name KC

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