- W	2 Wage and Tax Statement	2020	7 Social security tips	1 Wages, tips, other comp		2 Federal income		
Form VV-	z waye and rax Statement	LULU		19	20.00		33.65	
c Employer's name, address, and ZIP code CURATORS OF THE			8 Allocated tips	3 Social security wages	4 Social security tax withheld		tax withheld	
UNIVERSITY OF MISSOURI		9	5 Medicare wages and tips	s 6 Medicare tax withheld		rithheld		
PO BOX 56 COLUMBIA MO 65205-0056		10 Dependent care benefits	11 Nonqualified plans	11 Nonqualified plans		12a See instructions for box 12		
e Employee's name, address, and ZIP code TEJASWI AYYADAPU 3627 GILLHAM RD APT NO55 KANSAS CITY MO 64111			13 Statutory Retirement Third-pr plan sick pay	14 Other				
			b Employer identification number	(EIN)			12c	
			43-6003859					
			a Employee's social security num	ber				
			XXX-XX-3443	<b></b>		e d		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local ind	come tax	20 Locality name	
MO	11166045	1920.00		1920.00		19.20	KC	
			1		1		1	

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		7 Social security tips		1 Wages, tips, other compensation 1920.00		2 Federal income tax withheld 33.65	
c Employer's name, address, and ZIP code CURATORS OF THE		8 Allocated tips	3 Social security wages			4 Social security tax withheld	
UNIVERSITY OF MISSOURI		9	5 Medicare wages and tip	5 Medicare wages and tips		6 Medicare tax withheld	
PO BOX 56 COLUMBIA MO 65205-0056		10 Dependent care benefits	11 Nonqualified plans	11 Nonqualified plans 12a Se		2a See instructions for box 12	
e Employee's name, address, and ZIP code TEJASWI AYYADAPU 3627 GILLHAM RD APT NO55 KANSAS CITY MO 64111		13 Statutory Petirement Third-pa plan sick pay		14 Other		12b 12c 12c 0 0 0 0 0 0 0 0 0 0 0 0 0	
		a Employee's social security numb XXX-XX-3443					
15         State         Employer's state ID number           MO         11166045	<b>16</b> State wages, tips, etc. 1920.00	17 State income tax	18 Local wages, tips, etc. 1920.00	19 Local ind	come tax 19.20	<b>20</b> Locality name KC	
Copy C-For EMPLOYEE'S RECORDS (See	l e <i>Notice to Employee</i> on t	he back of Copy B.)	OMB No. 1545-0008	<u> </u>		Treasury - IRS bsite at www.irs.gov/efil	

			7 Social security tips	1 Wages, tips, other compensation		2 Federal income tax withheld		
Form W-	2 Wage and Tax Statement	2020		1	920.00		33.65	
c Employer's name, address, and ZIP code		8 Allocated tips	3 Social security wages		4 Social security tax withheld			
CURA	TORS OF THE							
UNIVERSITY OF MISSOURI		9	9 5 Medicare wages and tips		6 Medicare tax withheld			
PO BOX 56			<b>10</b> Dependent care benefits	11 Nongualified plans	<b>11</b> Nongualified plans		12a	
COLU	JMBIA MO 65205-0056					C G		
e Employee's name, address, and ZIP code TEJASWI AYYADAPU 3627 GILLHAM RD APT NO55 KANSAS CITY MO 64111			13 Statutory Retirement Third employee plan sick p	party 14 Other		12b		
			b Employer identification number	r (EIN)	-			
			43-6003859					
			a Employee's social security nu	nber				
10110			XXX-XX-3443			o d e		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local inc		20 Locality name	
MO	11166045	1920.0	00	1920.00		19.	20 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	7 Social security tips	1 Wages, tips, other comp	ensation 920.00	2 Federal income	tax withheld 33.65	
c Employer's name, address, and ZIP code CURATORS OF THE UNIVERSITY OF MISSOURI PO BOX 56 COLUMBIA MO 65205-0056		8 Allocated tips	3 Social security wages	es <b>4</b> Social s		ax withheld	
		9	5 Medicare wages and tip	5 Medicare wages and tips 11 Nonqualified plans		6 Medicare tax withheld	
		10 Dependent care benefits	11 Nonqualified plans				
e Employee's name, address, and ZIP code TEJASWI AYYADAPU 3627 GILLHAM RD APT NO55 KANSAS CITY MO 64111		13     Statutory employer     Retirement     Thirdy encloyer       b     Employer identification number       43-6003859       a     Employee's social security nun XXX-XX-3443		C g g			
15         Employer's state ID number           MO         11166045	<b>16</b> State wages, tips, etc. 1920.00	17 State income tax	<b>18</b> Local wages, tips, etc. 1920.00	19 Local ind	2000 tax 19.20	<b>20</b> Locality name KC	

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FORM # LW28700