

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

<b>c</b> Employer's name, address, and ZIP code ARIZONA STATE UNIVERSITY FINANCIAL SERVICES PO BOX 875812 TEMPE AZ 85287-5812		<b>7</b> Social security tips	<b>1</b> Wages, tips, other compensation 1920.00	<b>2</b> Federal income tax withheld	
		<b>8</b> Allocated tips	<b>3</b> Social security wages	<b>4</b> Social security tax withheld	
		<b>9</b>	<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld	
		<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12	
		<b>13</b> Statutory employee Retirement plan Third-party sick pay	<b>14</b> Other	<b>12b</b>	
		<b>b</b> Employer identification number (EIN) 86-0196696		<b>12c</b>	
<b>a</b> Employee's social security number 806-27-8527	<b>12d</b>				
<b>15</b> State Employer's state ID number AZ 86-0196696	<b>16</b> State wages, tips, etc. 1920.00	<b>17</b> State income tax 15.36	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name

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](http://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**

<b>c</b> Employer's name, address, and ZIP code ARIZONA STATE UNIVERSITY FINANCIAL SERVICES PO BOX 875812 TEMPE AZ 85287-5812		<b>7</b> Social security tips	<b>1</b> Wages, tips, other compensation 1920.00	<b>2</b> Federal income tax withheld	
		<b>8</b> Allocated tips	<b>3</b> Social security wages	<b>4</b> Social security tax withheld	
		<b>9</b>	<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld	
		<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12	
		<b>13</b> Statutory employee Retirement plan Third-party sick pay	<b>14</b> Other	<b>12b</b>	
		<b>b</b> Employer identification number (EIN) 86-0196696		<b>12c</b>	
<b>a</b> Employee's social security number 806-27-8527	<b>12d</b>				
<b>15</b> State Employer's state ID number AZ 86-0196696	<b>16</b> State wages, tips, etc. 1920.00	<b>17</b> State income tax 15.36	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name

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](http://www.irs.gov/efile).

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

<b>c</b> Employer's name, address, and ZIP code ARIZONA STATE UNIVERSITY FINANCIAL SERVICES PO BOX 875812 TEMPE AZ 85287-5812		<b>7</b> Social security tips	<b>1</b> Wages, tips, other compensation 1920.00	<b>2</b> Federal income tax withheld	
		<b>8</b> Allocated tips	<b>3</b> Social security wages	<b>4</b> Social security tax withheld	
		<b>9</b>	<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld	
		<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b>	
		<b>13</b> Statutory employee Retirement plan Third-party sick pay	<b>14</b> Other	<b>12b</b>	
		<b>b</b> Employer identification number (EIN) 86-0196696		<b>12c</b>	
<b>a</b> Employee's social security number 806-27-8527	<b>12d</b>				
<b>15</b> State Employer's state ID number AZ 86-0196696	<b>16</b> State wages, tips, etc. 1920.00	<b>17</b> State income tax 15.36	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name

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**

<b>c</b> Employer's name, address, and ZIP code ARIZONA STATE UNIVERSITY FINANCIAL SERVICES PO BOX 875812 TEMPE AZ 85287-5812		<b>7</b> Social security tips	<b>1</b> Wages, tips, other compensation 1920.00	<b>2</b> Federal income tax withheld	
		<b>8</b> Allocated tips	<b>3</b> Social security wages	<b>4</b> Social security tax withheld	
		<b>9</b>	<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld	
		<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b>	
		<b>13</b> Statutory employee Retirement plan Third-party sick pay	<b>14</b> Other	<b>12b</b>	
		<b>b</b> Employer identification number (EIN) 86-0196696		<b>12c</b>	
<b>a</b> Employee's social security number 806-27-8527	<b>12d</b>				
<b>15</b> State Employer's state ID number AZ 86-0196696	<b>16</b> State wages, tips, etc. 1920.00	<b>17</b> State income tax 15.36	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name

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

OMB No. 1545-0008

Dept. of the Treasury - IRS