

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

<b>c Employer's name, address, and ZIP code</b> UNIV. OF TEXAS MEDICAL BRANCH 301 UNIVERSITY BLVD. GALVESTON TX 77555		<b>7 Social security tips</b> 0	<b>1 Wages, tips, other compensation</b> 34755.82	<b>2 Federal income tax withheld</b> 5420.71		
		<b>8 Allocated tips</b> 0	<b>3 Social security wages</b> 37441.20	<b>4 Social security tax withheld</b> 2321.35		
		<b>9</b> 0	<b>5 Medicare wages and tips</b> 37441.20	<b>6 Medicare tax withheld</b> 542.90		
		<b>10 Dependent care benefits</b> 0	<b>11 Nonqualified plans</b> 0	<b>12a See instructions for box 12</b> DD 2495.08		
		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	<b>14 Other</b> 0	<b>12b</b> 0		
		<b>b Employer identification number (EIN)</b> 74-6000949		<b>12c</b> 0		
<b>a Employee's social security number</b> 138-95-5187	<b>12d</b> 0					
<b>15 State</b> 0	Employer's state ID number	<b>16 State wages, tips, etc.</b> 0	<b>17 State income tax</b> 0	<b>18 Local wages, tips, etc.</b> 0	<b>19 Local income tax</b> 0	<b>20 Locality name</b> 0

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 Employer's name, address, and ZIP code</b> UNIV. OF TEXAS MEDICAL BRANCH 301 UNIVERSITY BLVD. GALVESTON TX 77555		<b>7 Social security tips</b> 0	<b>1 Wages, tips, other compensation</b> 34755.82	<b>2 Federal income tax withheld</b> 5420.71		
		<b>8 Allocated tips</b> 0	<b>3 Social security wages</b> 37441.20	<b>4 Social security tax withheld</b> 2321.35		
		<b>9</b> 0	<b>5 Medicare wages and tips</b> 37441.20	<b>6 Medicare tax withheld</b> 542.90		
		<b>10 Dependent care benefits</b> 0	<b>11 Nonqualified plans</b> 0	<b>12a See instructions for box 12</b> DD 2495.08		
		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	<b>14 Other</b> 0	<b>12b</b> 0		
		<b>b Employer identification number (EIN)</b> 74-6000949		<b>12c</b> 0		
<b>a Employee's social security number</b> 138-95-5187	<b>12d</b> 0					
<b>15 State</b> 0	Employer's state ID number	<b>16 State wages, tips, etc.</b> 0	<b>17 State income tax</b> 0	<b>18 Local wages, tips, etc.</b> 0	<b>19 Local income tax</b> 0	<b>20 Locality name</b> 0

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 Employer's name, address, and ZIP code</b> UNIV. OF TEXAS MEDICAL BRANCH 301 UNIVERSITY BLVD. GALVESTON TX 77555		<b>7 Social security tips</b> 0	<b>1 Wages, tips, other compensation</b> 34755.82	<b>2 Federal income tax withheld</b> 5420.71		
		<b>8 Allocated tips</b> 0	<b>3 Social security wages</b> 37441.20	<b>4 Social security tax withheld</b> 2321.35		
		<b>9</b> 0	<b>5 Medicare wages and tips</b> 37441.20	<b>6 Medicare tax withheld</b> 542.90		
		<b>10 Dependent care benefits</b> 0	<b>11 Nonqualified plans</b> 0	<b>12a See instructions for box 12</b> DD 2495.08		
		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	<b>14 Other</b> 0	<b>12b</b> 0		
		<b>b Employer identification number (EIN)</b> 74-6000949		<b>12c</b> 0		
<b>a Employee's social security number</b> 138-95-5187	<b>12d</b> 0					
<b>15 State</b> 0	Employer's state ID number	<b>16 State wages, tips, etc.</b> 0	<b>17 State income tax</b> 0	<b>18 Local wages, tips, etc.</b> 0	<b>19 Local income tax</b> 0	<b>20 Locality name</b> 0

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 Employer's name, address, and ZIP code</b> UNIV. OF TEXAS MEDICAL BRANCH 301 UNIVERSITY BLVD. GALVESTON TX 77555		<b>7 Social security tips</b> 0	<b>1 Wages, tips, other compensation</b> 34755.82	<b>2 Federal income tax withheld</b> 5420.71		
		<b>8 Allocated tips</b> 0	<b>3 Social security wages</b> 37441.20	<b>4 Social security tax withheld</b> 2321.35		
		<b>9</b> 0	<b>5 Medicare wages and tips</b> 37441.20	<b>6 Medicare tax withheld</b> 542.90		
		<b>10 Dependent care benefits</b> 0	<b>11 Nonqualified plans</b> 0	<b>12a See instructions for box 12</b> DD 2495.08		
		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	<b>14 Other</b> 0	<b>12b</b> 0		
		<b>b Employer identification number (EIN)</b> 74-6000949		<b>12c</b> 0		
<b>a Employee's social security number</b> 138-95-5187	<b>12d</b> 0					
<b>15 State</b> 0	Employer's state ID number	<b>16 State wages, tips, etc.</b> 0	<b>17 State income tax</b> 0	<b>18 Local wages, tips, etc.</b> 0	<b>19 Local income tax</b> 0	<b>20 Locality name</b> 0

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

OMB No. 1545-0008

Dept. of the Treasury - IRS