2020 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax 2020 Copy C for employee's rec Statement d Control number OMB No. 1545-0008 Dept. **Employer use only** 00439162 NH1 27433 Employer's name, address, and ZIP code MICHIGAN STATE UNIVERSITY 426 AUDITORIUM #350 EAST LANSING, MI 48824 e/f Employee's name, address, and ZIP code KRISHNA PRASAD POTHUGUNTA 3232 BEAUJARDIN DR APT 231B LANSING, MI 48910 Employer's FED ID number a Employee's SSA number XXX-XX-7795 38-6005984 Wages, tips, other comp. 18013.14 1258.94 Social security wages Social security tax withheld Medicare wages and tips 6 Medicare tax withheld Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 DDI 2630.50 14 Other 138.78 DUES Ret. plan 3rd party sick pa 15 State Employer's state ID no. MI 690350502 18013.14 17 State income tax 18 Local wages, tips, etc. 610.21 18013.14 19 Local income tax

Follow Instructions below if you have taxes for Multiple Locals or Multiple States NOTICE:

For Multiple Locals -BOX 20 on the FEDERAL / EMPLOYEE REFERENCE COPY will say "TOTAL LOCAL" and BOX 18 Local Wages will be blank.
For Tax Reporting of Multi-Local Wages you must use Box 18 from each CITY/LOCAL FILING COPY and total all BOX 18 LOCAL WAGES.

For Multiple States Box 15 on the FEDERAL / EMPLOYEE REFERENCE COPY will say "TOTAL STATE" and BOX 16 State Wages will be blank.
For Tax Reporting of Multi-State Wages you must use Box 16 from each STATE FILING COPY and total all BOX 16 STATE WAGES.

KRISHNA PRASAD POTHUGUNTA 3232 BEAUJARDIN DR APT 231B LANSING, MI 48910

Social Security Number: XXX-XX-7795

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d Control number Dept 00439162 NH1	. Corp. Employer use only 27433	d Control number Dept 00439162 NH1	Corp. Employer use only 27433			
Employer's name, address MICHIGAN STATE 426 AUDITORIUM # EAST LANSING, M	JNIVERSITY 350	MICHIGAN STATE U 426 AUDITORIUM #3 EAST LANSING, MI	NIVERSITY			
b Employer's FED ID numbe 38-6005984	XXX-XX-7795	b Employer's FED ID number 38 - 6005984	XXX-XX-7795			
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	and Tax 2020 ement ONB No. 1545-0008	W-2 Wage State	and Tax 2020 ement OMB No. 1545-0008			

C	Foreign Person's U.S. Source Income Subject to W			ect to Withholding	Withholding 2021			OMB No. 1545-0096		
Form 1042-S			1042Sfor instructions an			AMENDMENT NO.		Copy B for Recipient		
Department of the Treasury Internal Revenue Service	0200001		NIQUE FORM IDENTIFIER	AMENDED						
1 Income 2 Gross income	-	indicator. Enter		13e Recipient's U.S. TIN	en escalente	13f Ch. 3 stat			tus code 16	
code	3a Exemption	on code 00	4a Exemption code16	XXX-XX	-7795	1	3g Ch. 4 sta	tus code		
8322	3b Tax rate	14.00	4b Tax rate 00.00	13h Recipient's GIIN	cipient's GIIN 13i Parisis 4 4					
16 Swithholding allowance					100	number, if	any		13j LOB code	
Net income					4.0					
a Federal tax withheld	110	65		13k Recipient's account	number				1	
				number						
to Check if federal tax withheld was not deposited with the IRS because escrow procedures were applied (see instructions)		AXXX07830								
				13I Recipient's date of	birth (YYYY	(MMDD)				
Check if withholding occ	curred in subse	quent year with	h respect to a							
partnership interest				1 191						
Tax withheld by other ag		0		14a Primary Withholdin	a Agente A	1				
Overwithheld tax repaid to r	ecipient pursuant	t to adjustment p	rocedures (see instructions)	The state of the s	y Agent s r	vame (if ap	plicable)		,	
(0	, and the food man actions)	14151						
O Total withholding cred	it (combine box			14b Primary Withholdin	g Agent's E	IN 15	Check if pro-	rata basi	s reporting	
,	_		9)	V						
1 Tay paid burnish to the		L65		15a Intermediary or flow-ti	hrough entity	's EIN, if any	15b Ch. 3 s	tatus code	15c Ch. 4 status code	
1 Tax paid by withholding	ng agent (amou		ld) (see instructions)						, a sim 4 sistes code	
2a Withholding agent's I	FIN	0		15d Intermediary or flow	v-through e	ntity's nam				
3.9 COOFOOA					mary 5 mann					
d Withholding agent's n	ame	20	24	15e Intermediary or flow-through entity's GIIN						
CHIGAN STATE UNIVERSITY			15f Country code 15g Foreign tax identification number, if any							
e Withholding agent's G		ione Idanais		E 2				×	,	
e withinoiding agents di	obai intermedi	ary identificati	on Number (GIIN)	15h Address (number a	and street)					
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Country code 12g Foreign tax identification number, if any		15i City or town, state or province, country, ZIP or foreign postal code								
US	F				1	7	or loreig	n postai	code	
2h Address (number and street)		16a Payer's name								
CHIGAN STATE UNIVERSITY ARD OF TRUSTEES, 426 AUDITORIUM RD RM							16b Payer's TIN			
2i City or town, state or p			gn postal code	16c Payer's GIIN			į.		X g = 1°	
AST LANSING, MI 48824		16d Ch. 3 status code 16e Ch					16e Ch. 4 status co			
3a Recipient's name			ecipient's country code	17a State in .			100			
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RISHNA PRASAD POTHUGUNTA IN 3c Address (number and street)		354		S69-030502			MI			
NO 4-19-12	street)				2 - 3 - 3 - 10 - 10 - 10 - 10 - 10 - 10 -			10.87.00%	· ·	
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13d City or town, state or	province, coun	try, ZIP or foreig	gn postal code		4 4 4.4					
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