

1 Wages, tips, other compensation		2 Federal Income tax withheld	
460.21		16.79	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
511.35		7.41	
a Employee's SSA number		Employer use only	
442-35-1722			
b Employer's FED ID number		d Control number	
31-6000989		00127626	
c Employer's name, address, and ZIP code			
University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-0001			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff.			
Hemanth Tadikamalla 3253 Morrison Ave #205 Cincinnati OH 45220			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc	
OH	51-160145	511.35	
16 State wages, tips, etc.		19 Local income tax	
460.21		10.74	
17 State income tax		20 Locality name	
2.89		Cincinnati	
Form W-2 Wage and Tax Statement 2020 OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Copy C for Employee's records			

1 Wages, tips, other compensation		2 Federal Income tax withheld	
460.21		16.79	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
511.35		7.41	
a Employee's SSA number		Employer use only	
442-35-1722			
b Employer's FED ID number		d Control number	
31-6000989		00127626	
c Employer's name, address, and ZIP code			
University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-0001			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff.			
Hemanth Tadikamalla 3253 Morrison Ave #205 Cincinnati OH 45220			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc	
OH	51-160145	511.35	
16 State wages, tips, etc.		19 Local income tax	
460.21		10.74	
17 State income tax		20 Locality name	
2.89		Cincinnati	
Form W-2 Wage and Tax Statement 2020 OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's STATE Income Tax Return			

1 Wages, tips, other compensation		2 Federal Income tax withheld	
460.21		16.79	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
511.35		7.41	
a Employee's SSA number		Employer use only	
442-35-1722			
b Employer's FED ID number		d Control number	
31-6000989		00127626	
c Employer's name, address, and ZIP code			
University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-0001			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff.			
Hemanth Tadikamalla 3253 Morrison Ave #205 Cincinnati OH 45220			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc	
OH	51-160145	511.35	
16 State wages, tips, etc.		19 Local income tax	
460.21		10.74	
17 State income tax		20 Locality name	
2.89		Cincinnati	
Form W-2 Wage and Tax Statement 2020 OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Copy B To Be Filed With Employee's FEDERAL Tax Return			

1 Wages, tips, other compensation		2 Federal Income tax withheld	
460.21		16.79	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
511.35		7.41	
a Employee's SSA number		Employer use only	
442-35-1722			
b Employer's FED ID number		d Control number	
31-6000989		00127626	
c Employer's name, address, and ZIP code			
University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-0001			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff.			
Hemanth Tadikamalla 3253 Morrison Ave #205 Cincinnati OH 45220			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc	
OH	51-160145	511.35	
16 State wages, tips, etc.		19 Local income tax	
460.21		10.74	
17 State income tax		20 Locality name	
2.89		Cincinnati	
Form W-2 Wage and Tax Statement 2020 OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			