

1 Wages, tips, other compensation <b>6215.58</b>		2 Federal Income tax withheld <b>63.03</b>	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips <b>2649.84</b>		6 Medicare tax withheld <b>38.42</b>	
a Employee's SSA number <b>123-27-8718</b>		Employer use only	
b Employer's FED ID number <b>31-6000989</b>		d Control number <b>00135267</b>	
c Employer's name, address, and ZIP code <b>University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-0001</b>			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. <b>Kavya Prathyusha Chekka 3241 Jefferson Ave, Apt. 8 Cincinnati OH 45220</b>			
f Employee's address and ZIP code			
15 State <b>OH</b>	Employer's state ID <b>51-160145</b>	18 Local wages, tips, etc <b>6455.04</b>	
16 State wages, tips, etc. <b>6215.58</b>		19 Local income tax <b>130.77</b>	
17 State income tax <b>61.52</b>		20 Locality name <b>Cincinnati</b>	
<b>Form W-2 Wage and Tax Statement 2020</b> <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy C for Employee's records</small>			

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13 Statutory Employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
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16 State wages, tips, etc. <b>6215.58</b>		19 Local income tax <b>130.77</b>	
17 State income tax <b>61.52</b>		20 Locality name <b>Cincinnati</b>	
<b>Form W-2 Wage and Tax Statement 2020</b> <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy 2 To Be Filed With Employee's STATE Income Tax Return</small>			

1 Wages, tips, other compensation <b>6215.58</b>		2 Federal Income tax withheld <b>63.03</b>	
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a Employee's SSA number <b>123-27-8718</b>		Employer use only	
b Employer's FED ID number <b>31-6000989</b>		d Control number <b>00135267</b>	
c Employer's name, address, and ZIP code <b>University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-0001</b>			
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9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
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		12d	
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f Employee's address and ZIP code			
15 State <b>OH</b>	Employer's state ID <b>51-160145</b>	18 Local wages, tips, etc <b>6455.04</b>	
16 State wages, tips, etc. <b>6215.58</b>		19 Local income tax <b>130.77</b>	
17 State income tax <b>61.52</b>		20 Locality name <b>Cincinnati</b>	
<b>Form W-2 Wage and Tax Statement 2020</b> <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy B To Be Filed With Employee's FEDERAL Tax Return</small>			

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a Employee's SSA number <b>123-27-8718</b>		Employer use only	
b Employer's FED ID number <b>31-6000989</b>		d Control number <b>00135267</b>	
c Employer's name, address, and ZIP code <b>University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-0001</b>			
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16 State wages, tips, etc. <b>6215.58</b>		19 Local income tax <b>130.77</b>	
17 State income tax <b>61.52</b>		20 Locality name <b>Cincinnati</b>	
<b>Form W-2 Wage and Tax Statement 2020</b> <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return</small>			