

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

c Employer's name, address, and ZIP code CURATORS OF THE UNIVERSITY OF MISSOURI PO BOX 56 COLUMBIA MO 65205-0056		7 Social security tips	1 Wages, tips, other compensation 3576.00	2 Federal income tax withheld 91.55
e Employee's name, address, and ZIP code ANUSRI RAO KOTHA 2119 MCKELVEY HILL DR APT D MARYLAND HEIGHTS MO 63043		8 Allocated tips	3 Social security wages	4 Social security tax withheld
		9	5 Medicare wages and tips	6 Medicare tax withheld
15 State Employer's state ID number MO 11166045		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		13 Statutory employee Retirement plan Third-party sick pay b Employer identification number (EIN) 43-6003859	14 Other	12b
		a Employee's social security number XXX-XX-4041		12c
16 State wages, tips, etc. 3576.00		17 State income tax	18 Local wages, tips, etc.	19 Local income tax
				20 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.

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.

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Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

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

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