

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

c Employer's name, address, and ZIP code SYRACUSE UNIVERSITY SKYTOP OFFICE BUILDING SKYTOP ROAD SYRACUSE NY 13244-5300		7 Social security tips	1 Wages, tips, other compensation 202.15	2 Federal income tax withheld 1.22							
e Employee's name, address, and ZIP code LATIKA MAHESH WADHWA PRATIK BUILDING A WING FLAT NO11 COLLECTORS COLONY CHEMBUR MUMBAI 400074 INDIA		8 Allocated tips	3 Social security wages	4 Social security tax withheld							
		9	5 Medicare wages and tips	6 Medicare tax withheld							
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12							
		13 <table border="1"> <tr> <td>Statutory employee</td> <td>Retirement plan</td> <td>Third-party sick pay</td> </tr> <tr> <td colspan="3"> b Employer identification number (EIN) 15-0532081 </td> </tr> <tr> <td colspan="3"> a Employee's social security number 352-21-1858 </td> </tr> </table>	Statutory employee	Retirement plan	Third-party sick pay	b Employer identification number (EIN) 15-0532081			a Employee's social security number 352-21-1858		
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15 State NY	Employer's state ID number 150532081	16 State wages, tips, etc. 202.15	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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