Form W-2 Wage and Tax Statement	2020	7 Social security tips	1 wages, tips, other comp		ederal income	
	LULU			266.70		142.47
c Employer's name, address, and ZIP code		8 Allocated tips	3 Social security wages	4 5	Social security t	ax withheld
SYRACUSE UNIVERSITY						
SKYTOP OFFICE BUILDING		9	5 Medicare wages and tips	s 61	Nedicare tax wi	thheld
SKYTOP ROAD		10 Dependent care benefits	11 Nonqualified plans	_12a	See instruction	ons for box 12
SYRACUSE NY 13244-5300				0 00 6		
e Employee's name, address, and ZIP code		13 Statutory Retirement Third-pu plan Sick page	^{arty} 14 Other	_12b	, ₁	
				0 00 6		
ANKITA SINGH		b Employer identification number	(EIN)	120		
HOUSE NO11 MEENAKSHI RESIDENCY		15-0532081		0 00 6		
		a Employee's social security num	ber	_12c	_12d	
EJIPURA		025-31-8767		0 00 6		
BANGALORE 560047 INDIA						
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income	tax	20 Locality name
NY 150532081	2266.70	30.33				

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.

- W.O. Wage and Tax Statement	2020	7 Social security tips	1 Wages, tips, other compensation	
Form W-2 Wage and Tax Statement	EUEU		2266.	
c Employer's name, address, and ZIP code		8 Allocated tips	3 Social security wages	4 Social security tax withheld
SYRACUSE UNIVERSITY		-		
SKYTOP OFFICE BUILDING		9	5 Medicare wages and tips	6 Medicare tax withheld
SKYTOP ROAD		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
SYRACUSE NY 13244-5300				C od
e Employee's name, address, and ZIP code		13 Statutory Retirement Third-pa employee plan sick pay	14 Other	12b
ANKITA SINGH				g e
		b Employer identification number	(EIN)	
HOUSE NO11 MEENAKSHI RESII	DENCY	15-0532081		8
EJIPURA		a Employee's social security numbers	per	្ 12d
BANGALORE 560047 INDIA		025-31-8767		
15 State Employer's state ID number	16 State wages, tips, etc.		18 Local wages, tips, etc. 19 L	ocal income tax 20 Locality name
NY 150532081	2266.70	30.33		
Copy C-For EMPLOYEE'S RECORDS (See	<i>Notice to Employee</i> on t	he back of Copy B.)	OMB No. 1545-0008	Dept. of the Treasury - IRS Visit the IRS website at www.irs.gov/efile.

Form W-2 Wage and Tax Statement 2020	7 Social security tips	1 Wages, tips, other compensation	-
Form W-2 Wage and Tax Statement 립니니		2266.	70 142.47
c Employer's name, address, and ZIP code	8 Allocated tips	3 Social security wages	4 Social security tax withheld
SYRACUSE UNIVERSITY			
SKYTOP OFFICE BUILDING	9	5 Medicare wages and tips	6 Medicare tax withheld
SKYTOP ROAD	10 Dependent care benefits	11 Nonqualified plans	_12a
SYRACUSE NY 13244-5300			0 88
e Employee's name, address, and ZIP code	13 Statutory Retirement Third-party employee plan sick pay	14 Other	12b ្ឋ
ANKITA SINGH	b Employer identification number (El	IN)	ů 12c
HOUSE NO11 MEENAKSHI RESIDENCY	15-0532081	,	C g
EJIPURA	a Employee's social security number	ər	_12d
BANGALORE 560047 INDIA	025-31-8767		9 e
BANGALOKE JUUUTA			
15 State Employer's state ID number 16 State wages, tips, et	. 17 State income tax 18	8 Local wages, tips, etc. 19 Lo	cal income tax 20 Locality name
NY 150532081 226	6.70 30.33		

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

OMB No. 1545-0008

Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement 2020	7 Social security tips	1 Wages, tips, other compensation 2266.70	2 Federal income tax withheld 142.47	
c Employer's name, address, and ZIP code SYRACUSE UNIVERSITY	8 Allocated tips	3 Social security wages	4 Social security tax withheld	
SKYTOP OFFICE BUILDING	9	5 Medicare wages and tips	6 Medicare tax withheld	
SKYTOP ROAD SYRACUSE NY 13244-5300	10 Dependent care benefits	11 Nonqualified plans	12a	
e Employee's name, address, and ZIP code ANKITA SINGH HOUSE NO11 MEENAKSHI RESIDENCY EJIPURA BANGALORE 560047 INDIA	13 Statutory employee Retirement plan Third-part sick pay b Employer identification number (E 15-0532081 a Employee's social security number 025-31-8767		12b 12c 12c 12d	
15 Employer's state ID number 16 State wages, tips, 150 122 NY 150532081 22	etc. 17 State income tax 166.70	8 Local wages, tips, etc. 19 Local	income tax 20 Locality name	

FORM # LW28700