	a Employe number *****5185	e's social security	ОМВ І	No. 1545-000	are requ	ired to file a ta	x return, a	negligen	nternal Revenue Service. If you ce penalty or other sanction xable and you fail to report it.
<b>b</b> Employer identification number (EIN) 31-6402079					Nages, tips	s, other comp		2637.06	2 Federal income tax withheld 133.12
c Employer's name, address, and ZIP code Kent State University PO Box 5190 Kent OH 44242					3 Social security wages				4 Social security tax withheld
					<b>5</b> Medicare wages and tips				<b>6</b> Medicare tax withheld
					7 Social security tips				8 Allocated tips
<b>d</b> Control nu 6561	ımber			9	/erification o	code			10 Dependent care benefits
<b>e</b> Employee' Nikhil	Employee's first name and initial Last name Suff. khil Velakurthy				11 Nonqualified plans				12 See Instructions for box 12
1984 Hastings Dr Kent OH 442404614				13	Statutory employee [ ]	Retirement plan [ X ]	Third-par sick pay [ ]	ty	
f Employee's address and ZIP code					Other				
	mployer's state ID number 11644296	16 State wages, tips,	etc. <b>1</b> 2637.06	<b>7</b> State incom	e tax <b>18</b>	Local wages, t	ips, etc. 2858.33		al income tax 64.33 KENT

Form W-2 Wage and Tax Statement

Department of Treasury - Internal Revenue Service