Copy B — To Be Filed Wit EDERAL Tax Return			orm W-2 nd Tax Statement	1545-0008
2021	1 Wages, tips, othe 46.20		2 Federal income 21.1	
Employee's SSN 162-96-2191	3 Social security w	ages	4 Social security ta	ax withheld
Employer ID No. (EIN) 37-6000511	5 Medicare wages	and tips	6 Medicare tax wit	hheld
Employer's name, address a UNIVERSITY OF ILLII UNIVERSITY PAYRO 809 S. MARSHFIELD CHICAGO, IL 60612-7	NOIS LL & BENEFITS I AVENUE	MC 547		
Control number 29811				
-f Employee's name, addre DIPTI ARUN KATE 9865 ERMA RD UNIT SAN DIEGO, CA 9213	356			
Social security tips	8 Allocated tips		9	
Dependent care benefits	11 Nonqualified pla	ans	12a code See inst	r. for box 12
Statutory employee Ret	irement plan Third-p	arty sick pay	12b code	
Other			12c code	
			12d code	
State Employer's state ID n IL 37-6000511	o. 16 State wage	es, tips, etc. 46.20	17 State income ta	ax 2.29
			20 Locality name	
is information is being furnishe urn, a negligence penalty or o to report it.	ed to the Internal Reven ther sanction may be im	nent of the Tre ue Service. If y	asury — Internal Re you are required to fi if this income is taxa	le a tax
is information is being furnishe urn, a negligence penalty or o to report it. DDY C — For EMPLOYEE Difice to Employee on the	Departn ed to the Internal Reven ther sanction may be im E'S RECORDS (See e back of Copy 2.)	nent of the Tre ue Service. If y posed on you Wage a	easury — Internal Re you are required to fi if this income is taxa orm W-2 nd Tax Statement	le a tax ble and you OMB No. 1545-0008
is information is being furnishe urn, a negligence penalty or o to report it. opy C — For EMPLOYEE otice to Employee on the 2021	Departm ad to the Internal Reven ther sanction may be im E'S RECORDS (See b back of Copy 2.) 1 Wages, tips, othe 46.20	nent of the Tre ue Service. If y posed on you F(Wage ar er comp.	easury — Internal Re you are required to fi if this income is taxa orm W-2 nd Tax Statement 2 Federal income 21.1	le a tax bble and you OMB No. 1545-0008 tax withheld 6
- s information is being furnishe urn, a negligence penalty or o to report it. DDY C — For EMPLOYEE Difice to Employee on the	Departm ed to the Internal Reven ther sanction may be im E'S RECORDS (See b back of Copy 2.) 1 Wages, tips, othe	nent of the Tre ue Service. If y posed on you F(Wage ar er comp.	asury — Internal Re you are required to fi if this income is taxa orm W-2 nd Tax Statement 2 Federal income	le a tax bble and you OMB No. 1545-0008 tax withheld 6
is information is being furnishe urn, a negligence penalty or o' it. opp C — For EMPLOYEE otice to Employee on the 2021 Employee's SSN 162-96-2191	Departm ad to the Internal Reven ther sanction may be im E'S RECORDS (See b back of Copy 2.) 1 Wages, tips, othe 46.20	nent of the Tre ue Service. If y posed on you Wage ar er comp.	easury — Internal Re you are required to fi if this income is taxa orm W-2 nd Tax Statement 2 Federal income 21.1	le a tax bble and you OMB No. 1545-0008 tax withheld 6 ax withheld
is information is being furnishe urn, a negligence penalty or or to report it. opy C — For EMPLOYEE otice to Employee on the 2021 Employee's SSN 162-96-2191 Employer ID No. (EIN) 37-6000511	Departm ed to the Internal Reven ther sanction may be im E'S RECORDS (See back of Copy 2.) 1 Wages, tips, othe 46.20 3 Social security w 5 Medicare wages nd ZIP code NOIS AUE SENEFITS I AVENUE	nent of the Tre ue Service. If y posed on you Wage ar er comp.) ages and tips	asury — Internal Re you are required to fi if this income is taxa orm W-2 nd Tax Statement 2 Federal income 21.1 4 Social security to	le a tax bble and you OMB No. 1545-0008 tax withheld 6 ax withheld
is information is being furnishe urn, a negligence penalty or o to report it. opy C — For EMPLOYEE otice to Employee on the 2021 Employee's SSN 162-96-2191 Employer ID No. (EIN) 37-6000511 Employer's name, address a UNIVERSITY OF ILLI UNIVERSITY PAYRO 809 S. MARSHFIELD	Departm ed to the Internal Reven ther sanction may be im E'S RECORDS (See back of Copy 2.) 1 Wages, tips, othe 46.20 3 Social security w 5 Medicare wages nd ZIP code NOIS AUE SENEFITS I AVENUE	nent of the Tre ue Service. If y posed on you Wage ar er comp.) ages and tips	asury — Internal Re you are required to fi if this income is taxa orm W-2 nd Tax Statement 2 Federal income 21.1 4 Social security to	le a tax bble and you OMB No. 1545-0008 tax withheld 6 ax withheld
is information is being furnishe urn, a negligence penalty or or to report it. 2021 Employee's SSN 162-96-2191 Employer's name, address a UNIVERSITY OF ILLII UNIVERSITY PAYRO 809 S. MARSHFIELD CHICAGO, IL 60612-7 Control number 29811	Departm ed to the Internal Reven ther sanction may be im E'S RECORDS (See back of Copy 2.) 1 Wages, tips, othe 46.20 3 Social security w 5 Medicare wages nd ZIP code NOIS LL & BENEFITS I AVENUE 205 ess and ZIP code 356	nent of the Tre ue Service. If y posed on you Wage ar er comp.) ages and tips	asury — Internal Re you are required to fi if this income is taxa orm W-2 nd Tax Statement 2 Federal income 21.1 4 Social security to	le a tax bble and you OMB No. 1545-0008 tax withheld 6 ax withheld
is information is being furnishe urn, a negligence penalty or or to report it. opy C — For EMPLOYEE otice to Employee on the 2021 Employee's SSN 162-96-2191 Employer ID No. (EIN) 37-6000511 Employer's name, address a UNIVERSITY OF ILLII UNIVERSITY PAYRO 809 S. MARSHFIELD CHICAGO, IL 60612-7 Control number 29811 – f Employee's name, addre DIPTI ARUN KATE 9865 ERMA RD UNIT	Departm ed to the Internal Reven ther sanction may be im E'S RECORDS (See back of Copy 2.) 1 Wages, tips, othe 46.20 3 Social security w 5 Medicare wages nd ZIP code NOIS LL & BENEFITS I AVENUE 205 ess and ZIP code 356	nent of the Tre ue Service. If 1 posed on you Wage ar er comp. arges and tips MC 547	asury — Internal Re you are required to fi if this income is taxa orm W-2 nd Tax Statement 2 Federal income 21.1 4 Social security to	le a tax bble and you OMB No. 1545-0008 tax withheld 6 ax withheld
is information is being furnishe urn, a negligence penalty or or to report it. opy C — For EMPLOYEE otice to Employee on the 2021 Employee's SSN 162-96-2191 Employer ID No. (EIN) 37-6000511 Employer's name, address a UNIVERSITY OF ILLI UNIVERSITY OF ILLI UNIVERSITY PAYRO 809 S. MARSHFIELD CHICAGO, IL 60612-7 Control number 29811 – f Employee's name, addres 9865 ERMA RD UNIT SAN DIEGO, CA 9213 Social security tips	Departm ad to the Internal Reven ther sanction may be im E'S RECORDS (See back of Copy 2.) 1 Wages, tips, othe 46.20 3 Social security w 5 Medicare wages ad ZIP code NOIS LL & BENEFITS M AVENUE 205 ess and ZIP code 356 31-4013	nent of the Tre ue Service. If y posed on you Wage ar er comp.) and tips MC 547	assury — Internal Re you are required to fi if this income is taxa orm W-2 nd Tax Statement 2 Federal income 21.1 4 Social security tr 6 Medicare tax wit	le a tax bble and you OMB No. 1545-0008 tax withheld 6 ax withheld
is information is being furnishe urn, a negligence penalty or o to report it. opy C — For EMPLOYEE otice to Employee on the 2021 Employee's SSN 162-96-2191 Employer ID No. (EIN) 37-6000511 Employer's name, address a UNIVERSITY OF ILLI UNIVERSITY OF ILLI UNIVERSITY PAYRO 809 S. MARSHFIELD CHICAGO, IL 60612-7 Control number 29811 —f Employee's name, addre 9865 ERMA RD UNIT SAN DIEGO, CA 9213 Social security tips Dependent care benefits	Departm ed to the Internal Reven ther sanction may be im E'S RECORDS (See e back of Copy 2.) 1 Wages, tips, othe 46.20 3 Social security w 5 Medicare wages nd ZIP code NOIS LL & BENEFITS N AVENUE 205 ess and ZIP code 356 81-4013 8 Allocated tips 11 Nonqualified pla	nent of the Tre ue Service. If y posed on you Wage ar er comp.) and tips MC 547	assury — Internal Re you are required to fi if this income is taxa orm W-2 nd Tax Statement 2 Federal income 21.1 4 Social security tr 6 Medicare tax wit	le a tax bble and you OMB No. 1545-0008 tax withheld 6 ax withheld hheld
is information is being furnishe urn, a negligence penalty or or lo report it. opy C — For EMPLOYEE otice to Employee on the 2021 Employee's SSN 162-96-2191 Employer ID No. (EIN) 37-6000511 Employer's name, address a UNIVERSITY OF ILLII UNIVERSITY OF ILLII UNIVERSITY PAYRO 809 S. MARSHFIELD CHICAGO, IL 60612-7 Control number 29811 —f Employee's name, addre 9865 ERMA RD UNIT SAN DIEGO, CA 9213 Social security tips Dependent care benefits	Departm ed to the Internal Reven ther sanction may be im E'S RECORDS (See e back of Copy 2.) 1 Wages, tips, othe 46.20 3 Social security w 5 Medicare wages nd ZIP code NOIS LL & BENEFITS N AVENUE 205 ess and ZIP code 356 81-4013 8 Allocated tips 11 Nonqualified pla	nent of the Tre ue Service. If y posed on you Wage ar er comp.) and tips MC 547	assury — Internal Re you are required to fi if this income is taxa orm W-2 nd Tax Statement 2 Federal income 21.1 4 Social security to 6 Medicare tax wit 6 Medicare tax wit 9 9	le a tax bble and you OMB No. 1545-0008 tax withheld 6 ax withheld hheld
is information is being furnishe turn, a negligence penalty or of to report it. opy C — For EMPLOYEE otice to Employee on the 2021 Employee's SSN 162-96-2191 Employer ID No. (EIN) 37-6000511 Employer's name, address a UNIVERSITY OF ILLII UNIVERSITY OF ILLII UNIVERSITY PAYRO 809 S. MARSHFIELD CHICAGO, IL 60612-7 Control number 29811 — f Employee's name, addre 9865 ERMA RD UNIT SAN DIEGO, CA 9213 Social security tips Dependent care benefits 3 Statutory employee Ret	Department plan Third-p	Anent of the Tree ue Service. If y posed on you wage ar er comp.) and tips MC 547 MC 547	9 12a code 12c code 12c code	le a tax bible and you OMB No. 1545-0008 tax withheld 6 ax withheld hheld r. for box 12

Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return			-		m W-2 Tax Statement	OMB No. 1545-0008	
	2024	1	Wages, tips, other	comp.	2	Federal income ta	x withheld
2021		46.20		21.16			
a	Employee's SSN	3	Social security wa	aes	4	Social security tax	withheld
	162-96-2191			<u> </u>			
b	Employer ID No. (EIN) 37-6000511	5	Medicare wages a	ind tips	6	Medicare tax with	held
C	Employer's name, address and UNIVERSITY OF ILLIN UNIVERSITY PAYROI 809 S. MARSHFIELD CHICAGO, IL 60612-7		IS & BENEFITS /ENUE	MC 547			
d	Control number 29811						
e — f Employee's name, address and ZIP code DIPTI ARUN KATE 9865 ERMA RD UNIT 356 SAN DIEGO, CA 92131-4013							
7	Social security tips	8	Allocated tips		9		
10	Dependent care benefits	11	Nonqualified plar	าร	12	a code See instr.	for box 12
13	Statutory employee Retire	me	nt plan Third-pa	irty sick pay	12	b code	
14	Other				12	c code	
					12	d code	
15	State Employer's state ID no. IL 37-6000511		16 State wages	, tips, etc. 46.20	17	State income tax	2.29
18	Local wages, tips, etc.		19 Local incom	e tax	20	Locality name	

Department of the Treasury - Internal Revenue Service

	opy 2 — To Be Filed With ate, City, or Local Income			orm W-2 nd Tax Statement	OMB No. 1545-0008		
	2021	1 Wages, tips, other comp. 46.20		2 Federal income ta 21.16			
а	Employee's SSN 162-96-2191	3 Social security wa	ges	4 Social security tax withheld			
b	Employer ID No. (EIN) 37-6000511	5 Medicare wages a	ind tips	6 Medicare tax with	held		
C	Employer's name, address and UNIVERSITY OF ILLIN UNIVERSITY PAYROL 809 S. MARSHFIELD A CHICAGO, IL 60612-7	NOIS _L & BENEFITS AVENUE	MC 547				
d	Control number 29811						
e –	e — f Employee's name, address and ZIP code DIPTI ARUN KATE 9865 ERMA RD UNIT 356 SAN DIEGO, CA 92131-4013						
7	Social security tips	8 Allocated tips		9			
10	Dependent care benefits	11 Nonqualified plan	าร	12a code See instr.	for box 12		
13	Statutory employee Retire	ment plan Third-pa	rty sick pay	12b code			
14	Other			12c code			
				12d code			
15	State Employer's state ID no. IL 37-6000511	16 State wages	, tips, etc. 46.20	17 State income tax	2.29		
18	Local wages, tips, etc.	19 Local incom	e tax	20 Locality name			

Department of the Treasury — Internal Revenue Service

Notice to Employee

Do you have to file? Refer to the Instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2021 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could gualify for a smaller credit. You and any gualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2021 or if income is earned for services provided while you were an inmate at a penal institution. For 2021 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and SSA

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2021 and more than \$8,853.60 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,203.80 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

(See also Instructions for Employee on the back of Copy B.)

Instructions for Employee (continued from back of Copy B)

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,500 (\$13,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2021, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Instructions for Forms 1040 and 1040-SR.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A-Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR

B-Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G-Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Instructions for Forms 1040 and 1040-SR for how to deduct. J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K-20% excise tax on excess golden parachute payments. See the Instructions for Forms 1040 and 1040-SR.

L—Substantiated employee business expense reimbursements (nontaxable)

–Uncollected social security or RRTA tax on taxable cost of group-term life insurance over

\$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR. N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former

employees only). See the Instructions for Forms 1040 and 1040-SR. P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

(Continued on the back of Copy C.)

Instructions for Employee (See also Notice to Employee, on the back of adjacent Copy 2.)

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8959

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Instructions for Forms 1040 and 1040-SR. You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with

your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or least than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax reurn. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a became taxable for social security and medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

(Continued below on the back of Copy 2.)

Instructions for Employee (continued from back of adjacent Copy 2)

Q-Nontaxable combat pay. See the Instructions for Forms 1040 and 1040-SR for details on reporting this amount. R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and

Long-Term Care Insurance Contracts.

S-Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements

-Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Deferrals under a section 409A nonqualified deferred compensation plan –Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Instructions for Forms 1040 and 1040-SR.

AA—Designated Roth contributions under a section 401(k) plan **BB**—Designated Roth contributions under a section 403(b) plan

DD-Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount Coesing apply to contributions under a tax-exempt organization section 457(b) plan.
 FF—Permitted benefits under a qualified small employer health reimbursement arrangement
 GG—Income from qualified equity grants under section 83(i)
 HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation. Tier 1 tax. Tier 2 tax. Medicare tax. and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.