1 Wages, tips, other compensation	2 Federal Income tax withheld		
20532.00 3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
a Employee's social security number	Employer use only		
XXX-XX-7689			
b Employer identification number (EIN)	d Control number		
47-0049123 c Employer's name, address, and ZIP code	00168996		
University of Nebraska-Boa 3835 Holdrege St Lincoln NE 68503-1435	rd of Regents		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
13 Statutory Retirement Third-Party Employée plan Sick pay	12b		
14 Other	12c		
	12d		
e Employee's first name and initial Last nam	l Suff.		
Saiteja Malisetty 7517 PIERCE PLZ APT 6 OMAHA NE 68124-1577 f Employee's address and ZIP code			
NE 8905401 Employer's state ID	18 Local wages, tips, etc		
16 State wages, tips, etc.	19 Local income tax		
20532.00 17 State income tax	20 Locality name		
648.97			
W-2 OMB. No. 1545-0008 Wage and Tax 202 Copy C for Employee's records	Dept. of the Treasury - Internal Revenue Service. This information is being furnished to the IRS. 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 tail to report it.		
1 Wages, tips, other compensation 20532.00	2 Federal Income tax withheld 1579.32		
3 Social security wages	4 Social security tax withheld		
5 Medicare wages and tips	6 Medicare tax withheld		
a Employee's social security number	Employer use only		
XXX-XX-7689			
b Employer identification number (EIN) 47-0049123	d Control number 00168996		
41-0043123	00100330		

b Employer Identification Humber (2007) 47-0049123 c Employer's name, address, and ZIP code University of Nebraska-Board of Regents 3835 Holdrege St Lincoln NE 68503-1435

7 Social secu	urity tips		8 Allocated tips	5
9			10 Dependent	care benefits
11 Nonqualif				ctions for box 12
13 Statutory Employee	Retirement Third-Part plan Sick pay	у	12b	
14 Other			12c	I
			12d	
e Employ	ee's first name and initial	Last nam	ie	Suff.
Saiteja Malisetty 7517 PIERCE PLZ APT 6				
	OMAHA NE 68124-	1577		
f Employee's	address and ZIP code			
15 State NE	Employer's state II 8905401	D	18 Local wages	s, tips, etc
16 State wag	20	0532.00	19 Local incom	
17 State inco		648.97	20 Locality nan	ne
W-2	OMB. No. 1545-0008 Wage and Tax Statement	202	Dept. of the Service	he Treasury - Internal Revenue
Copy B To Be Filed With Employee's FEDERAL Tax Return				

1 Wages, tips, other compensation	2 Federal Income tax withheld			
20532.00	1579.32			
3 Social security wages	4 Social security tax withheld			
5 Medicare wages and tips	6 Medicare tax withheld			
a Employee's social security number	Employer use only			
XXX-XX-7689				
b Employer identification number (EIN) 47-0049123	d Control number 00168996			
c Employer's name, address, and ZIP code				
University of Nebraska-Board of Regents 3835 Holdrege St Lincoln NE 68503-1435				
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12			
13 Statutory Retirement Third-Party Employée plan Sick pay	12b			
14 Other	12c			
	12d			
e Employee's first name and initial Last name	e Suff.			
Saiteja Malisetty 7517 PIERCE PLZ APT 6 OMAHA NE 68124-1577 f Employee's address and ZIP code				
15 State Employer's state ID NE 8905401	18 Local wages, tips, etc			
16 State wages, tips, etc. 20532.00	19 Local income tax			
17 State income tax 648.97	20 Locality name			
Form OMB. No. 1545-0008	Dept. of the Treasury - Internal Revenue			
W-2 Wage and Tax 2021 Copy 2 To Be Filed With Employee's STATE Income Tax Return				
Loopy 2 to be thed with Employee's OTATE Income				

1 Wages, tips, other compensation	2 Federal Income tax withheld			
20532.00				
3 Social security wages	4 Social security tax withheld			
5 Medicare wages and tips	6 Medicare tax withheld			
a Employee's social security number	Employer use only			
XXX-XX-7689				
b Employer identification number (EIN)	d Control number			
47-0049123 c Employer's name, address, and ZIP code	00168996			
University of Nebraska-Boar	rd of Regents			
3835 Holdrege St				
Lincoln NE 68503-1435				
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12			
13 Statutory Retirement Third-Party Employée plan Sick pay	12b			
Employée plan Sick pay				
14 Other	12c			
	12d			
e Employee's first name and initial Last nam	e Suff.			
	e Sui.			
Saiteja Malisetty 7517 PIERCE PLZ APT 6				
OMAHA NE 68124-1577				
f Employee's address and ZIP code				
15 State Employer's state ID	18 Local wages, tips, etc			
NE 8905401				
16 State wages, tips, etc. 20532.00	19 Local income tax			
17 State income tax	20 Locality name			
648.97	-			
Form OMB. No. 1545-0008	Dept. of the Treasury - Internal Revenue			
W-2 Wage and Tax 2021				

Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return

Saiteja Malisetty 7517 PIERCE PLZ APT 6 OMAHA NE 68124-1577

## 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 qualify for a smaller credit. You and any qualifying 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.

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. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

## Instructions for Employee

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.

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 your employer's plan limit is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

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 (5,500) ((5,000) for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. To code G, the limit on elective deferrals have 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.

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

E—Elective deferrals under a section 403(b) salary reduction agreement

(IRAs).

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

W—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).
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.

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

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, or educational assistance payments.

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.