

1 Wages, tips, other compensation 2069.30		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips 345.30		6 Medicare tax withheld 5.01	
a Employee's SSA number XXX-XX-1092		Employer use only	
b Employer's FED ID number 31-6000989		d Control number 00143431	
c Employer's name, address, and ZIP code University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-0001			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee Retirement plan Third-Party Sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. Hema Prajapati 310 Bryant Avenue Apt 54 Cincinnati OH 45220			
f Employee's address and ZIP code			
15 State OH	Employer's state ID 51-160145	18 Local wages, tips, etc 2069.30	
16 State wages, tips, etc. 2069.30		19 Local income tax 37.27	
17 State income tax 16.04		20 Locality name Cincinnati	
<b>Form W-2 Wage and Tax Statement 2021</b> OMB No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Copy C for Employee's records			

1 Wages, tips, other compensation 2069.30		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips 345.30		6 Medicare tax withheld 5.01	
a Employee's SSA number XXX-XX-1092		Employer use only	
b Employer's FED ID number 31-6000989		d Control number 00143431	
c Employer's name, address, and ZIP code University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-0001			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee Retirement plan Third-Party Sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. Hema Prajapati 310 Bryant Avenue Apt 54 Cincinnati OH 45220			
f Employee's address and ZIP code			
15 State OH	Employer's state ID 51-160145	18 Local wages, tips, etc 2069.30	
16 State wages, tips, etc. 2069.30		19 Local income tax 37.27	
17 State income tax 16.04		20 Locality name Cincinnati	
<b>Form W-2 Wage and Tax Statement 2021</b> OMB No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's STATE Income Tax Return			

1 Wages, tips, other compensation 2069.30		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips 345.30		6 Medicare tax withheld 5.01	
a Employee's SSA number XXX-XX-1092		Employer use only	
b Employer's FED ID number 31-6000989		d Control number 00143431	
c Employer's name, address, and ZIP code University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-0001			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee Retirement plan Third-Party Sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. Hema Prajapati 310 Bryant Avenue Apt 54 Cincinnati OH 45220			
f Employee's address and ZIP code			
15 State OH	Employer's state ID 51-160145	18 Local wages, tips, etc 2069.30	
16 State wages, tips, etc. 2069.30		19 Local income tax 37.27	
17 State income tax 16.04		20 Locality name Cincinnati	
<b>Form W-2 Wage and Tax Statement 2021</b> OMB No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Copy B To Be Filed With Employee's FEDERAL Tax Return			

1 Wages, tips, other compensation 2069.30		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips 345.30		6 Medicare tax withheld 5.01	
a Employee's SSA number XXX-XX-1092		Employer use only	
b Employer's FED ID number 31-6000989		d Control number 00143431	
c Employer's name, address, and ZIP code University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-0001			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee Retirement plan Third-Party Sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. Hema Prajapati 310 Bryant Avenue Apt 54 Cincinnati OH 45220			
f Employee's address and ZIP code			
15 State OH	Employer's state ID 51-160145	18 Local wages, tips, etc 2069.30	
16 State wages, tips, etc. 2069.30		19 Local income tax 37.27	
17 State income tax 16.04		20 Locality name Cincinnati	
<b>Form W-2 Wage and Tax Statement 2021</b> OMB No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			