Form W-2 Wage and Tax Statement 2021		7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld
c Employer's name, address, and ZIP code UH SYSTEM CONSOLIDATED 5000 GULF FWY		8 Allocated tips	3 Social security wages	4 Social security tax withheld
		9	5 Medicare wages and tips	6 Medicare tax withheld
ROOM 109 HOUSTON TX 77204		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
e Employee's name, address, and ZIP code		13 Statutory Retirement Third-par employee plan sick pay	ty 14 Other	د 12b
SARALA KUMARI SURAPALLY APT 331 3203 MULBERRY HILL RD COPPELL TX 75019-5497			(51)	
		b Employer identification number	(EIN)	
		a Employee's social security no.		12d
		416-81-9756		d e
15 State Employer's state I.D. no.	16 State wages, tips, etc	. 17 State income tax 18	Local wages, tips, etc. 19 L	ocal income tax 20 Locality name
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 Web Site 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 penanty or other sanction may be imposed on you in this income is taxable and you fail to					
Form W-2 Wage and Tax Statement 2021	7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld		
c Employer's name, address, and ZIP code	8 Allocated tips	3000.00 3 Social security wages	4 Social security tax withheld		
UH SYSTEM CONSOLIDATED 5000 GULF FWY	9	5 Medicare wages and tips	6 Medicare tax withheld		
ROOM 109 HOUSTON TX 77204	10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12		
e Employee's name, address, and ZIP code	13 Statutory Retirement Third-party employee plan sick pay	14 Other	_12b		
SARALA KUMARI SURAPALLY					
APT 331	b Employer identification number (EIN) $74 - 6001399$				
3203 MULBERRY HILL RD	a Employee's social security no.		12d		
COPPELL TX 75019-5497	416-81-9756	-	Vode		
15 State Employer's state I.D. no. 16 State wages, tips, etc.	e. 17 State income tax 18 Loc	al wages, tips, etc. 19 Local inc	ome tax 20 Locality name		
Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B) OMB No. 1545-0008 Dept. of the Treasury - IRS					

Form W-2 Wage and Tax Statement 2021	7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld	
c Employer's name, address, and ZIP code	8 Allocated tips	3 Social security wages	Social security tax withheld G Medicare tax withheld I2a	
UH SYSTEM CONSOLIDATED 5000 GULF FWY	9	5 Medicare wages and tips		
ROOM 109 HOUSTON TX 77204	10 Dependent care benefits	11 Nonqualified plans		
e Employee's name, address, and ZIP code	13 Statutory Retirement Third-party plan sick pay	14 Other	د <mark>12b</mark>	
SARALA KUMARI SURAPALLY		_	12C 02 12d 03 04 04 04 05 04 05 05 05 05 05 05 05 05 05 05	
APT 331	b Employer identification number (EIN) 74-6001399			
3203 MULBERRY HILL RD	a Employee's social security no.			
COPPELL TX 75019-5497	416-81-9756			
15 State Employer's state I.D. no. 16 State wages, tips	etc. 17 State income tax 18 Loo	cal wages, tips, etc. 19 Local inc	come tax 20 Locality name	
Copy 2 To Be Filed With Employee's State, City, or Local Income	ax Return Of	OMB No. 1545-0008 Dept. of the Treasury - IRS		

Form W-2 Wage and Tax Statement 2	057	7 Social security tips		1 Wages, tips, other comp). 000,00		ome tax withheld
c Employer's name, address, and ZIP code UH SYSTEM CONSOLIDATED 5000 GULF FWY		8 Allocated tips		3 Social security wages	000.00		rity tax withheld
		9		5 Medicare wages and tips		6 Medicare tax withheld	
ROOM 109 HOUSTON TX 77204		10 Dependent care benefits		11 Nonqualified plans		12a	
e Employee's name, address, and ZIP code		13 Statutory Retirement Th employee plan sic	hird-party ck pay	14 Other		12b	
SARALA KUMARI SURAPALLY		h. Employer identification over	nh ex (EINI)			12c	
3203 MULBERRY HILL RD		 b Employer identification number (EIN) 74-6001399 a Employee's social security no. 416-81-9756 		-		Cod	
						12d Տ	
						d	
15 State Employer's state I.D. no. 16 State	e wages, tips, etc.	17 State income tax	18 Loca	al wages, tips, etc.	19 Local inc	ome tax	20 Locality name
Copy 2 To Be Filed With Employee's State, City, or Loca	al Income Tax Return	L87	OME	B No. 1545-0008 5	5206	Dept. o	f the Treasury - IRS