

Form **W-2 Wage and Tax Statement** **2021**

OMB No. 1545-0008

c Employer's name, address, and ZIP code
 CLEMSON UNIVERSITY
 201 SIKES
 CLEMSON UNIVERSITY
 CLEMSON SC 29634-5337

e Employee's name, address, and ZIP code
 JATIN PUNDE
 24652 VERDANT DR
 FARMINGTON HILLS MI 48335-2127

7 Social security tips	1 Wages, tips, other compensation 1274.64	2 Federal income tax withheld
8 Allocated tips	3 Social security wages	4 Social security tax withheld
9	5 Medicare wages and tips	6 Medicare tax withheld
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
b Employer identification number (EIN) 57-6000254	14 Other	12b
a Employee's social security number XXX-XX-3733		12c
13 Statutory employee Retirement plan Third-party sick pay		12d
15 State Employer's state ID number SC 250306306	16 State wages, tips, etc. 1274.64	17 State income tax 5.97
		18 Local wages, tips, etc.
		19 Local 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.

Dept. of the Treasury - IRS

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Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

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Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

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