Department of the Treas	sury Inte	rnal Revenue Service					
d Control No.	1 Wages,	tips, other compensation 388.51	2 Federal income tax withheld	d Control No.	1 Wage	s, tips, other compensation 388.51	2 Federal income tax withheld
OMB No. 1545-0008	3 Social security wages		4 Social security tax withheld	OMB No. 1545-0008	3 Social	security wages	4 Social security tax withheld
	5 Medicare wages and tips		6 Medicare tax withheld	This information is being furnished to the Internal Revenue Service.	5 Medic	are wages and tips	6 Medicare tax withheld
c Employer's name, addres Auburn Univer: 1550 East Glei Auburn Univer:	nn Ave			c Employer's name, add Auburn Unive 1550 East Gl Auburn Unive	enn Ave		
7 Social security tips 8 Allocated tips			9 Advance EIC payment	7 Social security tips	7 Social security tips 8 Allocated tips		9 Advance EIC payment
10 Dependent care benefits		onqualified plans	12a Code See inst. for box 12	10 Dependent care benefits		Nonqualified plans	12a Code See inst. for box 12
12b Code 1		Code	12d Code	12b Code 12c		c Code	12d Code
b Employer identification number (EIN)		a Employe	e's social security number	b Employer identification	number (FI	N) a Emplo	yee's social security number
6360007		810-26-9481	63600	0724		810-26-9481	
13 Statutory Retirement empl. plan	sick pay	,		13 Statutory Retireme empl. plan	sick p	pay	
e Employee's name, addre Mounika Medi 7400 East Dr Montgomery A	konda	code	This info, is being turnished to fits. If you are required to fits if you are required to fit a fax return, negligence penalty or other sanction maybe imposed on you tith's income is taxable a you fall to report it.	e Employee's name, add Mounika Me 7400 East Dr Montgomery	dikonda		
		ployer's state ID number 037492	16 State wages, tips, etc. 388.51	2021 38-2099803	15 State E	Employer's state ID number 037492	16 State wages, tips, etc. 388.51
W-2 Wage and Tax Statement 4.87			18 Local wages, tips, etc.	W-2 Wage a Statem Copy B To Be Fi		17 State income tax 4.87	18 Local wages, tips, etc.
EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		19 Local income tax	20 Locality name	With Employee's FEDERAL Tax Ret		19 Local income tax	20 Locality name
		Department of the Treas	ury Internal Revenue Service	_		Department of the Trea	asury Internal Revenue Service
d Control No.					1 Wage	s, tips, other compensation	2 Federal income tax withheld
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1545-0008	5 Medicare	e wages and tips		1545-0008	5 Medic	are wages and tips	6 Medicare tax withheld
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10 Dependent care benefits 11 N		onqualified plans	12a Code See inst. for box 12	10 Dependent care benefits 11 Nonc		Nonqualified plans	12a Code See inst. for box 12
12b Code	12c C	Code 	12d Code	12b Code	120	c Code	12d Code
b Employer identification number (EIN) a Employee's social security number 836000724 810-26-9481				b Employer identification 63600	number (El	N) a Emplo	Vee's social security number 810-26-9481
13 Statutory Retirement plan	Third-pa sick pay	arty 14 Other	010-20-3401	13 Statutory Retireme empl. plan	ent Third- sickp	party 14 Other pay	010-20-3401
e Employee's name, addre Mounika Medi 7400 East Dr Montgomery A	konda	code		e Employee's name, add Mounika Me 7400 East Dr Montgomery	dikonda ·		
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W-2 Wage and Statement Copy 2 To Be Filed		17 State income tax 4.87	18 Local wages, tips, etc.	W-2 Wage at Stateme Copy 2 To Be File	ent	17 State income tax 4.87	18 Local wages, tips, etc.
With Employee's State, City, or Local Income Tax Return.		19 Local income tax	20 Locality name	With Employee's State, City, or Loca Income Tax Return	ıl	19 Local income tax	20 Locality name