

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

OMB No. 1545-0008

Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service. 46

c Employer's name, address, and ZIP code
Kent State University
PO Box 5190
Kent OH 44242

e Employee's name, address, and ZIP code
VENKATESH DEVABATTULA
4 12, OC COLONY, MAIN ROAD
VEERAVALLI MOKHASA, KADAVAKOLLU
VUYURU
INDIA

12 OMB No. 1545-0008		1 Wages, tips, other compensation 6039.29	2 Federal income tax withheld 2.22
7 Social security tips	3 Social security wages	4 Social security tax withheld	
8 Allocated tips	5 Medicare wages and tips 2477.60	6 Medicare tax withheld 35.93	
9 Verification code	10 Dependent care benefits	11 Nonqualified plans	
12a See instructions for box 12	12b	12c	
12d	13 Statutory emp. Retirement plan <input checked="" type="checkbox"/> Third-party sick pay	14 Other	Benefits included in wages
b Employer identification number (EIN) 31-6402079		a Employee's social security number *****5569	
*Box 10-The instructions have been updated to remove the \$5,000 limit. It's been revised to advise of the increase to \$10,500 or \$5,250 for Married filing separately if the employer timely amends the plan.			
OH	511644296	6039.29	41.70 6710.32 150.99 KENT
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc. 19 Local income tax 20 Locality name

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Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) 46

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This information is being furnished to the Internal Revenue Service. 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 fail to report it.			
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