

1 Wages, tips, other compensation 1363.05		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number XXX-XX-8419		Employer use only	
b Employer's FED ID number 38-6004447		d Control number 00783248	
c Employer's name, address, and ZIP code CENTRAL MICHIGAN UNIVERSITY 1200 SOUTH FRANKLIN STREET MOUNT PLEASANT MI 48859			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. SAI B NEDURUMALLI 1825 S.CRAWFORD STREET, APT E-4 MOUNT PLEASANT MI 48858			
f Employee's address and ZIP code			
15 State MI	Employer's state ID 690354473	18 Local wages, tips, etc.	
16 State wages, tips, etc. 1363.05		19 Local income tax	
17 State income tax		20 Locality name	
Form W-2 Wage and Tax Statement 2021 <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy C for Employee's records</small>			

1 Wages, tips, other compensation 1363.05		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number XXX-XX-8419		Employer use only	
b Employer's FED ID number 38-6004447		d Control number 00783248	
c Employer's name, address, and ZIP code CENTRAL MICHIGAN UNIVERSITY 1200 SOUTH FRANKLIN STREET MOUNT PLEASANT MI 48859			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. SAI B NEDURUMALLI 1825 S.CRAWFORD STREET, APT E-4 MOUNT PLEASANT MI 48858			
f Employee's address and ZIP code			
15 State MI	Employer's state ID 690354473	18 Local wages, tips, etc.	
16 State wages, tips, etc. 1363.05		19 Local income tax	
17 State income tax		20 Locality name	
Form W-2 Wage and Tax Statement 2021 <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy 2 To Be Filed With Employee's STATE Income Tax Return</small>			

1 Wages, tips, other compensation 1363.05		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number XXX-XX-8419		Employer use only	
b Employer's FED ID number 38-6004447		d Control number 00783248	
c Employer's name, address, and ZIP code CENTRAL MICHIGAN UNIVERSITY 1200 SOUTH FRANKLIN STREET MOUNT PLEASANT MI 48859			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. SAI B NEDURUMALLI 1825 S.CRAWFORD STREET, APT E-4 MOUNT PLEASANT MI 48858			
f Employee's address and ZIP code			
15 State MI	Employer's state ID 690354473	18 Local wages, tips, etc.	
16 State wages, tips, etc. 1363.05		19 Local income tax	
17 State income tax		20 Locality name	
Form W-2 Wage and Tax Statement 2021 <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy B To Be Filed With Employee's FEDERAL Tax Return</small>			

1 Wages, tips, other compensation 1363.05		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number XXX-XX-8419		Employer use only	
b Employer's FED ID number 38-6004447		d Control number 00783248	
c Employer's name, address, and ZIP code CENTRAL MICHIGAN UNIVERSITY 1200 SOUTH FRANKLIN STREET MOUNT PLEASANT MI 48859			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. SAI B NEDURUMALLI 1825 S.CRAWFORD STREET, APT E-4 MOUNT PLEASANT MI 48858			
f Employee's address and ZIP code			
15 State MI	Employer's state ID 690354473	18 Local wages, tips, etc.	
16 State wages, tips, etc. 1363.05		19 Local income tax	
17 State income tax		20 Locality name	
Form W-2 Wage and Tax Statement 2021 <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return</small>			