	nu	Employee's social security mber ***3022	OMB No. 1545	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.	
<b>b</b> Employer identification number (EIN) 31-6402079				1 Wages, tips, other compensation 1509.75 2 Federal income tax withhouse 1509.75	<b>eld</b> 60.73
c Employer's name, address, and ZIP code Kent State University PO Box 5190				3 Social security wages 4 Social security tax withheld	
Kent OH 44242				5 Medicare wages and tips 6 Medicare tax withheld	
				7 Social security tips 8 Allocated tips	
<b>d</b> Control r 6229	number			9 Verification code 10 Dependent care benefits	
e Employee's first name and initial Last name Suff. Sai teja Salagrama			Suff.	11 Nonqualified plans 12 See Instructions for box 12	
1670 Sassafras Ct Apt 151 Kent OH 442407653				13 Statutory Retirement Third-party employee plan sick pay [ ] [ ] [ ]	
f Employee's address and ZIP code				14 Other	
<b>15</b> State OH	Employer's state ID n 511644296	umber <b>16</b> State wages, t	ps, etc. <b>17</b> State 1509.75	income tax 9.78 18 Local wages, tips, etc. 19 Local income tax 20 Locality nar KENT	ne

Form W-2 Wage and Tax Statement