Form W-2 Wage and Tax Statement 202	57	7 Social security tips			1 Wages, tips, other comp. 9844.55		2 Federal income tax withheld 514.13	
c Employer's name, address, and ZIP code UNIVERSITY OF FLORIDA SUITE 1250 EAST CAMPUS OFFICE BLDG P.O. BOX 113201 GAINESVILLE FL 32611		8 Allocated tips		 3 Social security wages 5 Medicare wages and tips 11 Nonqualified plans 		Social security tax withheld G Medicare tax withheld 12a See instructions for box 12 DD 1189.50		
		9						
		10 Dependent care benefits						
e Employee's name, address, and ZIP code		13 Statutory employee	Retirement plan	Third-party sick pay	14 Other		12b	
RAJANDEEP SINGH	-					7.00	d e	
4000 SW 37TH BLVD APT 527C		b Employer identification number (EIN) 59-6002052					12c	
GAINESVILLE FL 32608		a Employee's social security no. 895-82-7257				12d		
15 State Employer's state I.D. no. 16 State was	iges, tips, etc.	17 State incom	e tax	18 Loc	al wages, tips, etc.	19 Local inc	ome tax	20 Locality name

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www.W-2 Wage and Tax Statement 2021	7 Social security tips	1 Wages, tips, other comp. 9844.55	ed on you if this income is taxable and you fail to report it. 2 Federal income tax withheld 5 14.13 4 Social security tax withheld 6 Medicare tax withheld 12a See instructions for box 12 DD 1189.50	
Employer's name, address, and ZIP code NIVERSITY OF FLORIDA	8 Allocated tips	3 Social security wages		
UITE 1250 EAST CAMPUS OFFICE BLDG	9	5 Medicare wages and tips		
.O. BOX 113201 AINESVILLE FL 32611	10 Dependent care benefits	11 Nonqualified plans		
Employee's name, address, and ZIP code AJANDEEP SINGH 000 SW 37TH BLVD APT 527C AINESVILLE FL 32608	13 Statutory employee Plan Third-party sick pay b Employer identification number (EIN) 59 - 6002052 a a Employee's social security no. 895 - 82 - 7257	14 Other 125 57.00	12b 12c 12c 12c 12c 12d 12d	
5 State Employer's state I.D. no. 16 State wages, tips, e		cal wages, tips, etc. 19 Local inc	come tax 20 Locality name	

Form W-2	Vage and Tax Statement	5057	7 Social secu	urity tips		1 Wages, tips, other co	mp. 9844.55		ncome tax withheld 514.13
c Employer's name, address, and ZIP code UNIVERSITY OF FLORIDA SUITE 1250 EAST CAMPUS OFFICE BLDG		8 Allocated t	8 Allocated tips		3 Social security wages		4 Social security tax withheld		
		9	9			5 Medicare wages and tips		6 Medicare tax withheld	
	P.O. BOX 113201 GAINESVILLE FL 32611		10 Depender	10 Dependent care benefits		11 Nonqualified plans		12a	1189.50
e Employee's n	ame, address, and ZIP code		13 Statutory employee	Retirement T plan s	Third-party sick pay	14 Other		_12b	
RAJANDEI	EP SINGH						.00	d	
4000 SW 37TH BLVD APT 527C				 b Employer identification number (EIN) 59-6002052 a Employee's social security no. 895-82-7257 				12c	
GAINESVILLE FL 32608			12d						
15 State	Employer's state I.D. no.	16 State wages, tips, etc.	c. 17 State inco	me tax	18 Loc	al wages, tips, etc.	19 Local inc	ome tax	20 Locality name
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Form W-2 Wage and Tax Statement 2021			7 Social security tips	1 Wages, tips, other of	1 Wages, tips, other comp.		2 Federal income tax withheld	
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c Employer's name, address, and ZIP code			8 Allocated tips	 Social security wag 	3 Social security wages		4 Social security tax withheld	
UNIVERS	SITY OF FLORIDA							
SUITE 1250 EAST CAMPUS OFFICE BLDG		9	5 Medicare wages an	5 Medicare wages and tips		6 Medicare tax withheld		
PO BO	X 113201							
GAINESVILLE FL 32611			10 Dependent care benefits	11 Nonqualified plans	11 Nonqualified plans			
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e Employee's name, address, and ZIP code RAJANDEEP SINGH 4000 SW 37TH BLVD APT 527C			13 Statutory Retirement Thi employee plan sic	rd-party k pay 14 Other		12b		
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GAINESVILLE FL 32608		a Employee's social security	no.		12d			
		895-82-7257						
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15 State	Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local inco	ome tax	20 Locality name	
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