

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

c Employer's name, address, and ZIP code

INDIANA UNIVERSITY
1024 E 3RD ST
BLOOMINGTON IN 47405

e Employee's name, address, and ZIP code

SANTHOSH KUMAR PASUPULETI
725 WEST WALNUT STREET
APT F
INDIANAPOLIS IN 46202

7 Social security tips	1 Wages, tips, other comp. 45399.60	2 Federal income tax withheld 4942.66
8 Allocated tips	3 Social security wages 45399.60	4 Social security tax withheld 2814.78
9	5 Medicare wages and tips 45399.60	6 Medicare tax withheld 658.29
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 29493.53
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b
b Employer identification number (EIN) 35-6001673		12c
a Employee's social security no. 843-42-7596		12d
15 State Employer's state I.D. no. IN 0003123294900	16 State wages, tips, etc. 45399.60	17 State income tax 1466.41
	18 Local wages, tips, etc. 45399.60	19 Local income tax 917.07
		20 Locality name C 49

Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. **Dept. of the Treasury - IRS**
OMB No. 1545-0008 Visit the IRS Web Site at www.irs.gov/efile

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.

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

c Employer's name, address, and ZIP code

INDIANA UNIVERSITY
1024 E 3RD ST
BLOOMINGTON IN 47405

e Employee's name, address, and ZIP code

SANTHOSH KUMAR PASUPULETI
725 WEST WALNUT STREET
APT F
INDIANAPOLIS IN 46202

7 Social security tips	1 Wages, tips, other comp. 45399.60	2 Federal income tax withheld 4942.66
8 Allocated tips	3 Social security wages 45399.60	4 Social security tax withheld 2814.78
9	5 Medicare wages and tips 45399.60	6 Medicare tax withheld 658.29
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 29493.53
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b
b Employer identification number (EIN) 35-6001673		12c
a Employee's social security no. 843-42-7596		12d
15 State Employer's state I.D. no. IN 0003123294900	16 State wages, tips, etc. 45399.60	17 State income tax 1466.41
	18 Local wages, tips, etc. 45399.60	19 Local income tax 917.07
		20 Locality name C 49

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B) OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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

c Employer's name, address, and ZIP code

INDIANA UNIVERSITY
1024 E 3RD ST
BLOOMINGTON IN 47405

e Employee's name, address, and ZIP code

SANTHOSH KUMAR PASUPULETI
725 WEST WALNUT STREET
APT F
INDIANAPOLIS IN 46202

7 Social security tips	1 Wages, tips, other comp. 45399.60	2 Federal income tax withheld 4942.66
8 Allocated tips	3 Social security wages 45399.60	4 Social security tax withheld 2814.78
9	5 Medicare wages and tips 45399.60	6 Medicare tax withheld 658.29
10 Dependent care benefits	11 Nonqualified plans	12a
13 Statutory employee Retirement plan Third-party sick pay	14 Other	DD 29493.53
b Employer identification number (EIN) 35-6001673		12b
a Employee's social security no. 843-42-7596		12c
		12d
15 State Employer's state I.D. no. IN 0003123294900	16 State wages, tips, etc. 45399.60	17 State income tax 1466.41
	18 Local wages, tips, etc. 45399.60	19 Local income tax 917.07
		20 Locality name C 49

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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

c Employer's name, address, and ZIP code

INDIANA UNIVERSITY
1024 E 3RD ST
BLOOMINGTON IN 47405

e Employee's name, address, and ZIP code

SANTHOSH KUMAR PASUPULETI
725 WEST WALNUT STREET
APT F
INDIANAPOLIS IN 46202

7 Social security tips	1 Wages, tips, other comp. 45399.60	2 Federal income tax withheld 4942.66
8 Allocated tips	3 Social security wages 45399.60	4 Social security tax withheld 2814.78
9	5 Medicare wages and tips 45399.60	6 Medicare tax withheld 658.29
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 29493.53
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b
b Employer identification number (EIN) 35-6001673		12c
a Employee's social security no. 843-42-7596		12d
15 State Employer's state I.D. no. IN 0003123294900	16 State wages, tips, etc. 45399.60	17 State income tax 1466.41
	18 Local wages, tips, etc. 45399.60	19 Local income tax 917.07
		20 Locality name C 49

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return L87 OMB No. 1545-0008 5206 **Dept. of the Treasury - IRS**