Form <b>W</b>	-2 Wage and Tax Statement	: 2027		7 Social security tips	1 Wages, tips, other comp. 51	49.82		ome tax withheld 5.19
c Employer's name, address, and ZIP code THE UNIV OF SOUTHERN MISS 118 COLLEGE DRIVE HATTIESBURG MS 39406			8 Allocated tips	3 Social security wages	3 Social security wages		4 Social security tax withheld	
			9	5 Medicare wages and tips	5 Medicare wages and tips 6 Medicare tax w		x withheld	
			10 Dependent care benefits	11 Nonqualified plans	11 Nonqualified plans		12a See instructions for box 12	
							DD	672.00
HATTIESBURG MS 39401-5816			13 Statutory Retirement Third-par sick pay	ty 14 Other	14 Other			
						d e		
			<b>b</b> Employer identification number 64-6000818	(EIN)		12c		
			a Employee's social security no. 833-24-4310	]		12d %		
15 State		16 Chata una tina ata		17 Otata income tay	Lessimenting ats 10	Laadina		
15 State MS	Employer's state I.D. no. 11748619	16 State wages, tips, etc. 5149	9.82	I I	Local wages, tips, etc. 19	Local inco	ome tax	20 Locality name

Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008

Dept. of the Treasury - IRS 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

		1	negligence penalty or other sanction may be impos	ed on you if this income is taxable and you fail to report it	
Form W-2 Wage and Tax Statem	ent 2021	7 Social security tips	1 Wages, tips, other comp. 5149.82	2 Federal income tax withheld 5.19	
c Employer's name, address, and ZIP code THE UNIV OF SOUTHERN MIS	S	8 Allocated tips	3 Social security wages	4 Social security tax withheld	
118 COLLEGE DRIVE		9	5 Medicare wages and tips	6 Medicare tax withheld	
HATTIESBURG MS 39406		10 Dependent care benefits	11 Nongualified plans	12a See instructions for box 12	
				<sup>§</sup> DD 672.00	
e Employee's name, address, and ZIP code SUMANOHAR GOUD PANAGATLA		13 Statutory Retirement Third-party plan sick pay	14 Other	12b	
3315 WEST 4TH STREET APT		<b>b</b> Employer identification number (El 64-6000818	N)	12c	
HATTIESBURG MS 39401-581	6	a Employee's social security no. 833-24-4310		12d	
15 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax 18 L	ocal wages, tips, etc. 19 Local inc	come tax 20 Locality name	
MS 11748619	5149.8	2 3.00			
Copy C For EMPLOYEE'S RECORDS (See N	otice to Employee on back of (	Copy B)	OMB No. 1545-0008 Dept. of the Treasu		

Form W-2 Wage and Tax Statement	t 2021	7 Social security tips		1 Wages, tips, other comp. 5149.82		2 Federal income tax withheld 5.19	
c Employer's name, address, and ZIP code THE UNIV OF SOUTHERN MISS	8 Allocated tips	3 Social security wages	3 Social security wages		4 Social security tax withheld		
118 COLLEGE DRIVE		9	5 Medicare wages and ti	ps	6 Medicare t	tax withheld	
HATTIESBURG MS 39406		10 Dependent care benefits	11 Nonqualified plans		<b>12a</b>	672.00	
e Employee's name, address, and ZIP code SUMANOHAR GOUD PANAGATLA	13 Statutory Retirement Third plan sick p	14 Other		12b			
3315 WEST 4TH STREET APT 14	b Employer identification numb 64-6000818	er (EIN)					
HATTIESBURG MS 39401-5816	a Employee's social security no 833-24-4310	».			12d		
15     State     Employer's state I.D. no.       MS     11748619	16 State wages, tips, etc. 5149.82		18 Local wages, tips, etc.	19 Local inc	ome tax	20 Locality name	
Copy 2 To Be Filed With Employee's State, City,	or Local Income Tax Return	, 1	OMB No. 1545-0008	1	Dept.	of the Treasury - IRS	

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Dept. of the Treasury - IRS

Form W-2 Wage and Tax Stateme	7 Social security tips	1 Wages, tips, other co	1 Wages, tips, other comp. 5149.82		2 Federal income tax withheld 5.19		
c Employer's name, address, and ZIP code THE UNIV OF SOUTHERN MISS	8 Allocated tips	3 Social security wages	3 Social security wages 5 Medicare wages and tips		4 Social security tax withheld 6 Medicare tax withheld		
118 COLLEGE DRIVE	9	5 Medicare wages and					
HATTIESBURG MS 39406		10 Dependent care benefits	11 Nonqualified plans	11 Nonqualified plans		<b>12a</b> DD 672.00	
e Employee's name, address, and ZIP code SUMANOHAR GOUD PANAGATLA	13 Statutory Retirement Third plan sick p	party <b>14</b> Other		12b			
3315 WEST 4TH STREET APT	<b>b</b> Employer identification number 64-6000818	er (EIN)			12c		
HATTIESBURG MS 39401-5816	a Employee's social security no 833-24-4310	).					
15     State     Employer's state I.D. no.       MS     11748619	16 State wages, tips, etc. 5149.82	17 State income tax 3.00	18 Local wages, tips, etc.	19 Local inc	ome tax	20 Locality name	
Copy 2 To Be Filed With Employee's State, Ci	ty, or Local Income Tax Return	L87	OMB No. 1545-0008	5206	Dept	. of the Treasury - IRS	