

Form **W-2 Wage and Tax Statement** 2019

c Employer's name, address, and ZIP code UT HEALTH SCIENCE CENTER 7703 FLOYD CURL DRIVE SAN ANTONIO TX 78229		7 Social security tips	1 Wages, tips, other compensation 36756.74	2 Federal income tax withheld 4635.21	
		8 Allocated tips	3 Social security wages	4 Social security tax withheld	
		9	5 Medicare wages and tips	6 Medicare tax withheld	
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 17088.64	
e Employee's name, address, and ZIP code ANNAPURNA PAMREDDY 8638 HUEBNER RD APT 3221 SAN ANTONIO TX 78240-0000		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other	12b	
		b Employer identification number (EIN) 74-1586031		12c	
		a Employee's social security number 283-55-9077		12d	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income 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 website 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.

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Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS website at www.irs.gov/efile.

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