Form W-2 Wage and Tax Stateme	ent 2021		7 Social security tips	1 Wages, tips, other comp. 9101		deral income tax withheld	
c Employer's name, address, and ZIP code CURATORS OF THE UNIVERSITY OF MISSOURI			8 Allocated tips	3 Social security wages	4 So	cial security tax withheld	
			9	5 Medicare wages and tips	6 Me	dicare tax withheld	
PO BOX 56 COLUMBIA MO 65205-0056			10 Dependent care benefits	11 Nonqualified plans	12a S	See instructions for box 12	
e Employee's name, address, and ZIP code AMULYA REDDY LAKKU			13 Statutory Retirement Third-party plan Sick pay	14 Other	12b		
11416 TIVOLI LN APT C SAINT LOUIS MO 63146			b Employer identification number (EII) 43-6003859	٧)	12c	12c gag 12d gag	
			a Employee's social security no. XXX-XX-3217]	و د و		
15 State Employer's state I.D. no. MO 11166045	16 State wages, tips, et 91	c. 01.02	17 State income tax 18 Lo	ocal wages, tips, etc. 19 Lo	cal income ta	x 20 Locality name	

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8 Allocated 9	tips		3 Social security wage	es	4 Social s	security tax withheld
9			3 Social security wages		4 Social security tax withheld	
	9 10 Dependent care benefits		5 Medicare wages and tips	6 Medicare tax withheld 12a See instructions for box 12		
10 Depende			11 Nonqualified plans			
		Third-party sick pay	14 Other		12b	
	b Employer identification number (EIN) 43-6003859 a Employee's social security no. XXX-XX-3217				12c	
					12d	
	ome tax	18 Loc	ı al wages, tips, etc.	19 Local inc	ome tax	20 Locality name
	13 Statutory mployee b Employer 43-600 a Employee XXX-XX	13 Statutory employee Petirement plan b Employer identification 43-6003859 a Employee's social sect XXX-XX-3217 17 State income tax	13 Statutory plan Retirement third-party sick pay b Employee identification number (EIN) 43-6003859 a a Employee's social security no. XXX-XX-3217 17 State income tax 18 Loc	13 Statutory employee Retirement plan Third-party sickpay 14 Other b Employer identification number (EIN) 43-6003859 a a Employee's social security no. XXX-XX-3217 Image: social security no. Image: social security no. Image: social security no. 17 State income tax 18 Local wages, tips, etc.	13 Statutory plan Petirement sickpay Third-party sickpay 14 Other b Employee identification number (EIN) 43-6003859 a a Employee's social security no. XXX-XX-3217 17 State income tax 18 Local wages, tips, etc. 19	13 Statutory Plan Third-party Sick pay 14 Other 12b 13 Statutory Plan Third-party Sick pay 14 Other 12b 14 0ther 12c 12c 12c 15 Employee's social security no. XXX - XX - 3217 18 Local wages, tips, etc. 19 Local income tax

7 Social security tips	1 Wages, tips, other comp. 9101.02	2 Federal income tax withheld
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
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Form W-2 Wage and Tax Statemen	t 2021	7 Social security tips	1 Wages, tips, other comp. 91(2 Federal income tax withheld
c Employer's name, address, and ZIP code CURATORS OF THE UNIVERSITY OF MISSOURI PO BOX 56 COLUMBIA MO 65205-0056		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
e Employee's name, address, and ZIP code AMULYA REDDY LAKKU 11416 TIVOLI LN APT C		13 Statutory employee Retirement plan Third- sickpi b Employer identification number 43-6003859	·	12b
SAINT LOUIS MO 63146		a Employee's social security no XXX-XX-3217		12d
15 Employer's state I.D. no. MO 11166045	16 State wages, tips, etc. 9101.02		18 Local wages, tips, etc. 19	Local income tax 20 Locality name
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