

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

c Employer's name, address, and ZIP code
 UNIVERSITY OF WISCONSIN SYSTEM
 660 W WASHINGTON AVE STE 201
 MADISON WI 53703-4703

e Employee's name, address, and ZIP code
 NIVEDITHA SIVADANAM
 2570 N MURRAY AVE
 MILWAUKEE WI 53211-3924

		7 Social security tips	1 Wages, tips, other comp. 9855.30	2 Federal income tax withheld 309.99
		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 2146.72
		13 <small>Statutory employee Retirement plan Third-party sick pay</small>	14 Other	12b
		b Employer identification number (EIN) 39-6006492		12c
		a Employee's social security no. XXX-XX-1232		12d
15 State WI	Employer's state I.D. no. 036-1020421203-05	16 State wages, tips, etc. 9855.30	17 State income tax 287.47	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 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.

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

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