

Form **W-2 Wage and Tax Statement 2022**

c Employer's name, address, and ZIP code
 LSUHSC-SHREVEPORT
 PAYROLL OFFICE
 1501 KINGS HIGHWAY
 SHREVEPORT LA 71130

e Employee's name, address, and ZIP code
 ANOOP JOSE THOPPIL
 4855 AIRLINE DR
 APT 35C
 BOSSIER CITY LA 71111-6650

7 Social security tips	1 Wages, tips, other comp. 170358.02	2 Federal income tax withheld 33711.97
8 Allocated tips	3 Social security wages	4 Social security tax withheld
9	5 Medicare wages and tips 218778.06	6 Medicare tax withheld 3341.28
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 E 20500.00
13 Statutory employee Retirement plan Third-party sick pay X	14 Other	12b G 20400.00
b Employer identification number (EIN) 72-0702002	RET 7520.04	12c DD 19182.20
a Employee's social security no. 315-61-4557	CAF 8199.90	12d
15 State Employer's state ID no. LA 0077933001	16 State wages, tips, etc. 170358.02	17 State income tax 8404.87
	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.

Form **W-2 Wage and Tax Statement 2022**

c Employer's name, address, and ZIP code
 LSUHSC-SHREVEPORT
 PAYROLL OFFICE
 1501 KINGS HIGHWAY
 SHREVEPORT LA 71130

e Employee's name, address, and ZIP code
 ANOOP JOSE THOPPIL
 4855 AIRLINE DR
 APT 35C
 BOSSIER CITY LA 71111-6650

7 Social security tips	1 Wages, tips, other comp. 170358.02	2 Federal income tax withheld 33711.97
8 Allocated tips	3 Social security wages	4 Social security tax withheld
9	5 Medicare wages and tips 218778.06	6 Medicare tax withheld 3341.28
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 E 20500.00
13 Statutory employee Retirement plan Third-party sick pay X	14 Other	12b G 20400.00
b Employer identification number (EIN) 72-0702002	RET 7520.04	12c DD 19182.20
a Employee's social security no. 315-61-4557	CAF 8199.90	12d
15 State Employer's state ID no. LA 0077933001	16 State wages, tips, etc. 170358.02	17 State income tax 8404.87
	18 Local wages, tips, etc.	19 Local income tax
		20 Locality name

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 2022**

c Employer's name, address, and ZIP code
 LSUHSC-SHREVEPORT
 PAYROLL OFFICE
 1501 KINGS HIGHWAY
 SHREVEPORT LA 71130

e Employee's name, address, and ZIP code
 ANOOP JOSE THOPPIL
 4855 AIRLINE DR
 APT 35C
 BOSSIER CITY LA 71111-6650

7 Social security tips	1 Wages, tips, other comp. 170358.02	2 Federal income tax withheld 33711.97
8 Allocated tips	3 Social security wages	4 Social security tax withheld
9	5 Medicare wages and tips 218778.06	6 Medicare tax withheld 3341.28
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 E 20500.00
13 Statutory employee Retirement plan Third-party sick pay X	14 Other	12b G 20400.00
b Employer identification number (EIN) 72-0702002	RET 7520.04	12c DD 19182.20
a Employee's social security no. 315-61-4557	CAF 8199.90	12d
15 State Employer's state ID no. LA 0077933001	16 State wages, tips, etc. 170358.02	17 State income tax 8404.87
	18 Local wages, tips, etc.	19 Local income tax
		20 Locality name

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 2022**

c Employer's name, address, and ZIP code
 LSUHSC-SHREVEPORT
 PAYROLL OFFICE
 1501 KINGS HIGHWAY
 SHREVEPORT LA 71130

e Employee's name, address, and ZIP code
 ANOOP JOSE THOPPIL
 4855 AIRLINE DR
 APT 35C
 BOSSIER CITY LA 71111-6650

7 Social security tips	1 Wages, tips, other comp. 170358.02	2 Federal income tax withheld 33711.97
8 Allocated tips	3 Social security wages	4 Social security tax withheld
9	5 Medicare wages and tips 218778.06	6 Medicare tax withheld 3341.28
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 E 20500.00
13 Statutory employee Retirement plan Third-party sick pay X	14 Other	12b G 20400.00
b Employer identification number (EIN) 72-0702002	RET 7520.04	12c DD 19182.20
a Employee's social security no. 315-61-4557	CAF 8199.90	12d
15 State Employer's state ID no. LA 0077933001	16 State wages, tips, etc. 170358.02	17 State income tax 8404.87
	18 Local wages, tips, etc.	19 Local income tax
		20 Locality name

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