| Form W-2 Wage and Tax Statement 2022 | 7 Social security tips | 1 Wages, tips, other comp. 79935.08 | 2 Federal income tax withheld 10010.53 | | | |
|--|--|--|---|--|--|--|
| c Employer's name, address, and ZIP code UT HEALTH SCIENCE CENTER | 8 Allocated tips | 3 Social security wages 87007.31 | 4 Social security tax withheld 5394.45 | | | |
| 7703 FLOYD CURL DRIVE | 9 | 5 Medicare wages and tips 87007.31 | 6 Medicare tax withheld 1261.61 | | | |
| SAN ANTONIO TX 78229 | 10 Dependent care benefits | 11 Nonqualified plans | 12aSee instructions for box 12 $\frac{6}{9}$ DD10250.28 | | | |
| e Employee's name, address, and ZIP code | 13 Statutory Retirement Third-par plan sick pay | ^{ty} 14 Other | 12b | | | |
| THARUN RAMAGONI | b Employer identification number | (EIN) | 12c | | | |
| APT 3212 | 74-1586031 | | yo de | | | |
| 10422 HUEBNER RD | a Employee's social security no. | | ç12d | | | |
| SAN ANTONIO TX 78240-0000 | 336-63-6203 | | de la | | | |
| 15 State Employer's state ID no. 16 State wages, tips, etc | c. 17 State income tax 18 | Local wages, tips, etc. 19 Local in | ncome tax 20 Locality name | | | |
| Copy B To Be Filed With Employee's FEDERAL Tax Return This information is being fumished to the Internal Revenue Service. OMB No. 1545-0008 Usit 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 | 7 Social security tips | 1 Wages, tips, other comp. 79935.08 | 2 Federal income tax withheld 10010.53 | | | |
| c Employer's name, address, and ZIP code UT HEALTH SCIENCE CENTER | 8 Allocated tips | 3 Social security wages 87007.31 4 Social security tax withheld 539 | | | | |

10 Dependent care benefits

74-1586031 a Employee's social security no. 336-63-6203

17 State income tax

Retirement plan

Х

b Employer identification number (EIN)

9

13 Statutory employee

| | | | 1 | | | | |
|---|--|--|---|--|--|--|--|
| Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) | | | | | | | |

16 State wages, tips, etc.

7703 FLOYD CURL DRIVE

SAN ANTONIO TX 78240-0000

Employer's state ID no.

SAN ANTONIO TX 78229

e Employee's name, address, and ZIP code

THARUN RAMAGONI

10422 HUEBNER RD

APT 3212

15 State

OMB No. 1545-0008

Third-party sick pay 5 Medicare wages and tips

11 Nonqualified plans

14 Other

18 Local wages, tips, etc.

87007.31

Dept. of the Treasury - IRS

6 Medicare tax withheld

DD

12b

12c

12d

19 Local income tax

12a See instructions for box 12

1261.61

10250.28

20 Locality name

| Form W-2 Wage and Tax Statement 2022 | 7 Social security tips | 1 Wages, tips, other comp. 79935.08 | 2 Federal income tax withheld 10010.53 | | |
|--|--|--|---|--|--|
| c Employer's name, address, and ZIP code UT HEALTH SCIENCE CENTER | 8 Allocated tips | 3 Social security wages 87007.31 | 4 Social security tax withheld 5394.45 | | |
| 7703 FLOYD CURL DRIVE SAN ANTONIO TX 78229 | 9 | 9 5 Medicare wages and tips 87007.3 | | | |
| | 10 Dependent care benefits | 11 Nonqualified plans | 12a [©] DD 10250.28 | | |
| e Employee's name, address, and ZIP code | 13 Statutory Retirement Third-party plan Sick pay | 14 Other | 12b | | |
| THARUN RAMAGONI | b Employer identification number (EIN | D . | 12c | | |
| APT 3212 | 74-1586031 | · | | | |
| 10422 HUEBNER RD | a Employee's social security no. | | _12d | | |
| SAN ANTONIO TX 78240-0000 | 336-63-6203 | | | | |
| | | | | | |
| 15 State Employer's state ID no. 16 State wages, tips, et | c. 17 State income tax 18 Loc | cal wages, tips, etc. 19 Local inc | come 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 | | | 7 Social security tips | | 1 Wages, tips, other comp. 79935.08 | | 2 Federal income tax withheld 10010.53 | | | |
|--|------------------------------|--|----------------------------|-------------------------------------|--|---|---|----------|-----------|-------------------|
| c Employer's name, address, and ZIP code UT HEALTH SCIENCE CENTER | | 8 Allocated tips | | 3 Social security wages 87007.31 | | 4 Social security tax withheld 5394.45 | | | | |
| 7703 FLOYD CURL DRIVE SAN ANTONIO TX 78229 | | | 9 | | 5 Medicare wages and tips 87007.31 | | 6 Medicare tax withheld 1261.61 | | | |
| e Employee's name, address, and ZIP code THARUN RAMAGONI APT 3212 10422 HUEBNER RD SAN ANTONIO TX 78240-0000 | | | 10 Dependent care benefits | | 11 Nonqualified plans | | 12a ^C gDD | | 10250.28 | |
| | | 13 Statutory employee Retirement plan Third-part sick pay b Employer identification number (I 74-1586031 | | 14 Other N) | | 12b 000 12c 000 000 000 000 000 000 000 0 | | | | |
| | | a Employee's social security no. 336-63-6203 | | | | 12d | | | | |
| 15 State | Employer's state ID no. | 16 State wages, tips, etc | | 17 State income tax | 18 L | ocal wages, tips, etc. | 19 Local ind | come tax | | 20 Locality name |
| Copy 2 To Be Filed | With Employee's State, City, | or Local Income Tax | Return | L87 | | DMB No. 1545-0008 | 5206 | De | pt. of th | ne Treasury - IRS |