

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

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 comp. 79935.08	2 Federal income tax withheld 10010.53		
e Employee's name, address, and ZIP code THARUN RAMAGONI APT 3212 10422 HUEBNER RD SAN ANTONIO TX 78240-0000		8 Allocated tips	3 Social security wages 87007.31	4 Social security tax withheld 5394.45		
		9	5 Medicare wages and tips 87007.31	6 Medicare tax withheld 1261.61		
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 10250.28		
13 Statutory employee Retirement plan Third-party sick pay X		14 Other		12b		
		b Employer identification number (EIN) 74-1586031		12c		
		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 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 UT HEALTH SCIENCE CENTER 7703 FLOYD CURL DRIVE SAN ANTONIO TX 78229		7 Social security tips	1 Wages, tips, other comp. 79935.08	2 Federal income tax withheld 10010.53		
e Employee's name, address, and ZIP code THARUN RAMAGONI APT 3212 10422 HUEBNER RD SAN ANTONIO TX 78240-0000		8 Allocated tips	3 Social security wages 87007.31	4 Social security tax withheld 5394.45		
		9	5 Medicare wages and tips 87007.31	6 Medicare tax withheld 1261.61		
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 10250.28		
13 Statutory employee Retirement plan Third-party sick pay X		14 Other		12b		
		b Employer identification number (EIN) 74-1586031		12c		
		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 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 UT HEALTH SCIENCE CENTER 7703 FLOYD CURL DRIVE SAN ANTONIO TX 78229		7 Social security tips	1 Wages, tips, other comp. 79935.08	2 Federal income tax withheld 10010.53		
e Employee's name, address, and ZIP code THARUN RAMAGONI APT 3212 10422 HUEBNER RD SAN ANTONIO TX 78240-0000		8 Allocated tips	3 Social security wages 87007.31	4 Social security tax withheld 5394.45		
		9	5 Medicare wages and tips 87007.31	6 Medicare tax withheld 1261.61		
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 10250.28		
13 Statutory employee Retirement plan Third-party sick pay X		14 Other		12b		
		b Employer identification number (EIN) 74-1586031		12c		
		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 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 UT HEALTH SCIENCE CENTER 7703 FLOYD CURL DRIVE SAN ANTONIO TX 78229		7 Social security tips	1 Wages, tips, other comp. 79935.08	2 Federal income tax withheld 10010.53		
e Employee's name, address, and ZIP code THARUN RAMAGONI APT 3212 10422 HUEBNER RD SAN ANTONIO TX 78240-0000		8 Allocated tips	3 Social security wages 87007.31	4 Social security tax withheld 5394.45		
		9	5 Medicare wages and tips 87007.31	6 Medicare tax withheld 1261.61		
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 10250.28		
13 Statutory employee Retirement plan Third-party sick pay X		14 Other		12b		
		b Employer identification number (EIN) 74-1586031		12c		
		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 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**