

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

c Employer's name, address, and ZIP code  
 UT HEALTH SCIENCE CTR-HOUSTON  
 7000 FANNIN, STE. 1020  
 HOUSTON TX 77030

e Employee's name, address, and ZIP code

SHRASTI LOHIYA  
 5755 ALMEDA RD UNIT 347  
 HOUSTON TX 77004-8112

7 Social security tips	1 Wages, tips, other comp. 16746.50	2 Federal income tax withheld 1443.52
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 2363.06
13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other	12b
b Employer identification number (EIN) 74-1761309		12c
a Employee's social security no. XXX-XX-6884		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](http://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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**Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return** OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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