

1 Wages, tips, other compensation		2 Federal Income tax withheld	
3383.64		36.07	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
705.24		10.23	
a Employee's SSA number		Employer use only	
347-91-1762			
b Employer's FED ID number		d Control number	
31-6000989		00135572	
c Employer's name, address, and ZIP code			
University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-0001			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee Retirement plan Third-Party Sick pay		12b	
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff.			
Bhargavi Kolla 525 Lowell Avenue, Apt. 7 Cincinnati OH 45220			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc	
OH	51-160145	3431.28	
16 State wages, tips, etc.		19 Local income tax	
3383.64		72.06	
17 State income tax		20 Locality name	
34.49		Cincinnati	
Form W-2 Wage and Tax Statement 2020 <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy C for Employee's records</small>			

1 Wages, tips, other compensation		2 Federal Income tax withheld	
3383.64		36.07	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
705.24		10.23	
a Employee's SSA number		Employer use only	
347-91-1762			
b Employer's FED ID number		d Control number	
31-6000989		00135572	
c Employer's name, address, and ZIP code			
University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-0001			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee Retirement plan Third-Party Sick pay		12b	
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff.			
Bhargavi Kolla 525 Lowell Avenue, Apt. 7 Cincinnati OH 45220			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc	
OH	51-160145	3431.28	
16 State wages, tips, etc.		19 Local income tax	
3383.64		72.06	
17 State income tax		20 Locality name	
34.49		Cincinnati	
Form W-2 Wage and Tax Statement 2020 <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy 2 To Be Filed With Employee's STATE Income Tax Return</small>			

1 Wages, tips, other compensation		2 Federal Income tax withheld	
3383.64		36.07	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
705.24		10.23	
a Employee's SSA number		Employer use only	
347-91-1762			
b Employer's FED ID number		d Control number	
31-6000989		00135572	
c Employer's name, address, and ZIP code			
University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-0001			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee Retirement plan Third-Party Sick pay		12b	
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff.			
Bhargavi Kolla 525 Lowell Avenue, Apt. 7 Cincinnati OH 45220			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc	
OH	51-160145	3431.28	
16 State wages, tips, etc.		19 Local income tax	
3383.64		72.06	
17 State income tax		20 Locality name	
34.49		Cincinnati	
Form W-2 Wage and Tax Statement 2020 <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy B To Be Filed With Employee's FEDERAL Tax Return</small>			

1 Wages, tips, other compensation		2 Federal Income tax withheld	
3383.64		36.07	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
705.24		10.23	
a Employee's SSA number		Employer use only	
347-91-1762			
b Employer's FED ID number		d Control number	
31-6000989		00135572	
c Employer's name, address, and ZIP code			
University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-0001			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee Retirement plan Third-Party Sick pay		12b	
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff.			
Bhargavi Kolla 525 Lowell Avenue, Apt. 7 Cincinnati OH 45220			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc	
OH	51-160145	3431.28	
16 State wages, tips, etc.		19 Local income tax	
3383.64		72.06	
17 State income tax		20 Locality name	
34.49		Cincinnati	
Form W-2 Wage and Tax Statement 2020 <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return</small>			