							Department	of the freasury - i	nternal Revenue Service
Form W-2 Wage and Tax Statement 38-2099803 2021 Copy B - To Be Filed With Employee's FEDERAL Tax Return.			OMB No. 1545-0008			s, other c	ompensation	2 Federal income tax withheld 5 . 6 0	
This information is being furnished to the Internal Revenue Service.					3 Social sec	urity wag	jes	4 Social security tax withheld	
c Employer's name, address, and ZIP code		8 Allocated tips		5 Medicare wages and tips			6 Medicare tax withheld		
University of Dayton					10.0			44.51	
300 College Park		9		10 Dependent care benefits			11 Nonqualified plans		
Dayton OH 45469		12a Code See instructions for box 12			12b Code			12c Code	
e Employee's name, address, and ZIP code E Malalakere Renukarad		12d Code			13 Statutory empl.	Retirem plan	ent Third-party sick pay	d Control nur	nber
#894, 35th Cross, 29th Main,		a Employee's social security no.		b Employer ID Number (EIN)			14 Other		
Poornapragna Nagar, Uttarahalli		142-31-8781		31-0536715					
Karnataka			01 070	_	01 0	000,			
Bengaluru 560061									
IN									
15 State Employer's state ID number 0H 51-064594	16 State wages, tips, etc. 2266.20	17 State income tax 13.91			Local wages, tips, etc. 2266 • 20		19 Local income 56.66	e tax	20 Locality name Dayton

Form W-2 Wage and Tax Statement 38-2099803 20 Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		OMB No. 1545-0008			1 Wages, tips, other compensation				of the Treasury - Internal Revenue Service 2 Federal income tax withheld 5 . 6 0 4 Social security tax withheld	
c Employer's name, address, and ZIP code University of Dayton 300 College Park			8 Allocated tips			5 Medicare wages and tips			6 Medicare tax withheld	
			9			10 Dependent care benefits			11 Nonqualified plans	
Dayton OH 45469			12a Code See instructions for box 12		12b Code				12c Code	
e Employee's name, address, and ZIP code E Malalakere Renukarad #894, 35th Cross, 29th Main, Poornapragna Nagar, Uttarahalli Karnataka Bengaluru 560061 IN		12d Code		13 Statutory Retirement Plan			Third-party sick pay	d Control number 612		
		a Employee's social security no.			b Employer ID Number (EIN)				14 Other	
		142-31-8781			31-0536715			5		
		required to f	Internal Revenue Service. If you are penalty or other sanction may be and you fail to report it.							
15 State Employer's state ID number 16 State wages, tips, etc.		7 State incom	ne tax	18 Local wag		tc.	1	ocal income	tax	20 Locality name
OH 51-064594 2266.20		13.91		2266.	.20		5	6.66		Dayton

Form W-2 Wage and Tax Statement 38-2099803 2021 Copy 2 - To Be Filed With Employee's State, City or Local Income Tax Return	OMB No. 1545-0008 7 Social security tips	1 Wages, tips, other compensation 2 2 6 6 . 2 0 3 Social security wages	t of the Treasury - Internal Revenue Service 2 Federal income tax withheld 5 . 60 4 Social security tax withheld	
c Employer's name, address, and ZIP code University of Dayton 300 College Park	8 Allocated tips	5 Medicare wages and tips 10 Dependent care benefits	6 Medicare tax withheld 11 Nonqualified plans	
Dayton OH 45469	12a Code See instructions for box 12	12b Code	12c Code	
e Employee's name, address, and ZIP code E Malalakere Renukarad #894, 35th Cross, 29th Main,	a Employee's social security no.	13 Statutory empl. Retirement Third-party sick pay b Employer ID Number (EIN)	d Control number 612 14 Other	
Poornapragna Nagar, Uttarahalli Karnataka Bengaluru 560061 IN	142-31-8781	31-0536715		
	7 State income tax 13.91 18 Local waq 2266	ges, tips, etc. . 2 0 19 Local income . 5 6 . 6 6	e tax 20 Locality name Dayton	

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Form W-2 Wage and Tax Statement 38-2099803 2021 Copy 2 - To Be Filed With Employee's State, City or Local Income Tax Return		OMB No. 1545-0008			1 Wages, tips, other compensation 2266.20			5.60		
		7 Social sec	7 Social security tips			3 Social security wages			4 Social security tax withheld	
c Employer's name, address, and ZIP code University of Dayton 300 College Park Dayton OH 45469		8 Allocated	8 Allocated tips			5 Medicare wages and tips			6 Medicare tax withheld	
		9	9			10 Dependent care benefits			11 Nonqualified plans	
		12a Code See instructions for box 12			12b Code			12c Code		
e Employee's name, address, and ZIP code E Malalakere Renukarad #894, 35th Cross, 29th Main, Poornapragna Nagar, Uttarahalli Karnataka		12d Code			13 Statutory empl.	Retirer plan	nent Third-party sick pay	d Control nur	nber	
		a Employee	a Employee's social security no.			b Employer ID Number (EIN)				
		142-	142-31-8781			31-0536715				
Bengaluru 560061										
IN										
15 State Employer's state ID number OH 51-064594	16 State wages, tips, etc. 2266 • 20	17 State incon	ne tax	18 Local wag 2266.		.	19 Local income 56.66	e tax	20 Locality name Dayton	