	a Employee's number 397-63-1368	social security	OMB No. 1545-	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.					
b Employer identification number (EIN) 06-0761704				1 Wages, tips, other compensation 1421.25				2 Federal income tax withheld	
c Employer's name, address, and ZIP code University of New Haven 300 Boston Post Road West Haven CT 06516				3 Social security wages				4 Social security tax withheld	
				5 Medicare wages and tips				6 Medicare tax withheld	
				7 Social security tips				8 Allocated tips	
d Control number 2745				9				10 Dependent	care benefits
e Employee's first name and Ankit	nployee's first name and initial Last name Suff. it Wagh			11 Nonqualified plans				12 See Instructions for box 12	
Plot No:11 Ward No:1, Mahajanwadi Wanado Nagpur City FR 441110 India				13 Statutory Retirement Third-party employee plan sick pay [] [] []					
f Employee's address and ZIP code				14 Other PFL			7.11		
15 State Employer's state 0537340000		16 State wages, tips, etc 142	17 State ir		8 Local wages, t			I income tax	20 Locality name

Form W-2 Wage and Tax Statement

Department of Treasury - Internal Revenue Service