| Copy B To Be Filed With Employee's | | | Copy 2 To Be Filed With Employee's State, | | | |
|--|--|--------------------------------|--|---------------------------------|--------------------------------|--|
| FEDERAL Tax Return. | | | City, or Local Income Ta | | | |
| a Employee's soc. sec. no | 1 Wages, tips, other comp. | 2 Federal income tax withheld | a Employee's soc. sec. no | 1 Wages, tips, other comp. | 2 Federal income tax withheld | |
| 888-17-9237 | 1616.21 | | 888-17-9237 | 1616.21 | | |
| | 3 Social security wages | 4 Social security tax withheld | | 3 Social security wages | 4 Social security tax withheld | |
| b Employer ID number (EIN) | | | b Employer ID number (EIN) | | | |
| 16-6018833 | 5 Medicare wages and tips | 6 Medicare tax withheld | 16-6018833 | 5 Medicare wages and tips | 6 Medicare tax withheld | |
| c Employer's name, address ar | nd ZIP code | | c Employer's name, address and ZIP code | | | |
| FACULTY STUDENT ASSOCIATION OF SUNY AT BUFFALO, INC. | | | FACULTY STUDENT ASSOCIATION OF SUNY AT BUFFALO, INC. | | | |
| 146 Fargo Quad | | | 146 Fargo Quad | | | |
| Buffalo NY 14261 | | | Buffalo NY 14261 | | | |
| | | | | | | |
| d Control number | | | d Control number | | | |
| WA-83747392 | | | WA-83747392 | | | |
| e Employee's name, address, a | and ZIP code | | e Employee's name, address, and ZIP code | | | |
| Manik Dhawan | | | Manik Dhawan | | | |
| Affinity Lane | | | Affinity Lane | | | |
| Apt 9B, Collegi | ate Village Apartmen | nts | Apt 9B, Collegiate Village Apartments | | | |
| Buffalo, NY 14260 | | | Buffalo, NY 1420 | 60 | | |
| | | | | | | |
| 7 Social security tips | 8 Allocated tips | 9 | 7 Social security tips | 8 Allocated tips | 9 | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a | 10 Dependent care benefits | 11 Nonqualified plans | 12a | |
| 13 Statutory employee 14 Oth | er | 12b | 13 Statutory employee 14 Other | er | 12b | |
| | FLI 8.27 | | NY- | FLI 8.27 | | |
| 13 Retirement plan NY- | SDI 7.46 | 12c | 13 Retirement plan NY- | SDI 7.46 | 12c | |
| 13 Third-party sick pay | | 12d | 13 Third-party sick pay | | 12d | |
| | | L, | | | | |
| 15 State Employer's state ID nu NY 166018833 7 | mber 16 State wages, tips, etc. 1616.2 | 17 State income tax 0.25 | 15 State Employer's state ID nur NY 166018833 7 | mber 16 State wages, tips, etc. | 17 State income tax 1 0.25 | |
| | | | | | | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |
| | | | | | | |
| Form W-2 Wage and Tax Stateme | nt 2022 | Dept. of the Treasury IRS | Form W-2 Wage and Tax Statemer | nt 2022 | Dept. of the Treasury IRS | |
| This information is being furnished to the | 2022 | | • | ¹¹ 2022 | | |
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| | | | | | | |
| Copy C For EMPLOYE | E's RECORDS | | Copy 2 To Be Filed W | ith Employee's State, | | |
| | | | City, or Local Income Ta | ax Return. | | |
| a Employee's soc. sec. no | 1 Wages, tips, other comp. | 2 Federal income tax withheld | a Employee's soc. sec. no | 1 Wages, tips, other comp. | 2 Federal income tax withheld | |
| 888-17-9237 | 1616.21 | | 888-17-9237 | 1616.21 | | |
| | 3 Social security wages | 4 Social security tax withheld | | 3 Social security wages | 4 Social security tax withheld | |
| b Employer ID number (EIN) | | | b Employer ID number (EIN) | | | |
| 16-6018833 | 5 Medicare wages and tips | 6 Medicare tax withheld | 16-6018833 | 5 Medicare wages and tips | 6 Medicare tax withheld | |
| e Employor's name address == | d ZID codo | | e Employer's name address as | d ZIP code | | |
| c Employer's name, address ar | | | c Employer's name, address an | | | |

| Copy C For EMPLOYI | E's RECORDS | | | | | | | |
|--|----------------------------|--------------------------------|--|--|--|--|--|--|
| a Employee's soc. sec. no | 1 Wages, tips, other comp. | 2 Federal income tax withheld | | | | | | |
| 888-17-9237 | 1616.21 | | | | | | | |
| | 3 Social security wages | 4 Social security tax withheld | | | | | | |
| b Employer ID number (EIN) | | | | | | | | |
| 16-6018833 | 5 Medicare wages and tips | 6 Medicare tax withheld | | | | | | |
| c Employer's name, address a | nd ZIP code | | | | | | | |
| FACULTY STUDENT | ASSOCIATION OF SUNY | Y AT BUFFALO, INC. | | | | | | |
| 146 Fargo Quad | | | | | | | | |
| Buffalo NY 1426 | 51 | | | | | | | |
| | | | | | | | | |
| d Control number | | | | | | | | |
| WA-83747392 | | | | | | | | |
| e Employee's name, address, | and ZIP code | | | | | | | |
| Manik Dhawan | | | | | | | | |
| Affinity Lane | | | | | | | | |
| Apt 9B, Collegiate Village Apartments | | | | | | | | |
| Buffalo, NY 142 | 260 | | | | | | | |
| 7 Social security tips | 8 Allocated tips | 9 | | | | | | |
| 10 Dependent care benefits | 11 Nongualified plans | 12a | | | | | | |
| • | | | | | | | | |
| 13 Statutory employee 14 Ot | | 12b | | | | | | |
| | -FLI 8.27 | 12c | | | | | | |
| 13 Retirement plan NY | -SDI 7.46 | 120 | | | | | | |
| 13 Third-party sick pay | | 12d | | | | | | |
| 45 State Frankrick to take TD as | Tag Chata | | | | | | | |
| 15 State Employer's state ID number16 State wages, tips, etc.17 State incomNY 166018833 71616.21 | | | | | | | | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | | | | | |
| | | | | | | | | |

| City, or Local Inco | me Ta | x Return. | · | | |
|--|---------------------------------------|--------------|-------------|-------------------------------|--------------------------------|
| a Employee's soc. sec. n | 1 Wages, tips, other comp. | | | 2 Federal income tax withheld | |
| 888-17-9237 | 1616.21 | | | | |
| | | 3 Social sec | urity wages | | 4 Social security tax withheld |
| b Employer ID number (| | | | | |
| 16-6018833 | 5 Medicare wages and tips | | | 6 Medicare tax withheld | |
| c Employer's name, add | ress and | d ZIP code | | | |
| FACULTY STU | DENT | ASSOCIAT | TION OF S | UNY | AT BUFFALO, INC. |
| 146 Fargo Q | uad | | | | |
| Buffalo NY | 14261 | L | | | |
| | | | | | |
| | | | | | |
| d Control number | | | | | |
| WA-83747392 | | | | | |
| e Employee's name, add | lress, ar | nd ZIP code | | | |
| Manik Dhaw | an | | | | |
| Affinity La | ne | | | | |
| Apt 9B, Col | legia | ate Villa | age Apart | men | ts |
| Buffalo, NY | 1426 | 50 | | | |
| 7 Social security tips | 8 Allocated tips | | | 9 | |
| | | | | | |
| 0 Dependent care benefi | 11 Nonqualified plans | | | 12a | |
| 3 Statutory employee | er | | | 12b | |
| | FLI 8.27 | | | | |
| 3 Retirement plan | SDI | 7. | 46 | 12c | |
| 3 Third-party sick pay | | | | | 12d |
| 5 State Employer's state NY 166018833 7 | ber 16 State wages, tips, etc. 1616.2 | | | 17 State income tax | |
| MI TOOOTOODD / | | | 101 | 0.2. | 0.23 |
| 8 Local wages, tips, etc. | 19 Local income tax | | | 20 Locality name | |
| | | | | | |
| | | 1 | | - 1 | |

Form W-2 Wage and Tax Statement

Dept. of the Treasury -- IRS Form W-2 Wage and Tax Statement

Dept. of the Treasury -- IRS