| | I | a Employee's social security number 349-11-2521 | OMB No. 1545-0 | 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 8009.50 | | | | 2 Federal income tax withheld 154.32 | |
| c Employer's name, address, and ZIP code University of New Haven 300 Boston Post Road | | | | 3 Social security wages | | | 4 Social sect | 4 Social security tax withheld | |
| West Haven CT 06516 | | | 5 Medicare wages and tips | | | 6 Medicare t | 6 Medicare tax withheld | | |
| | | | | 7 Social secur | ity tips | 8 Allocated t | 8 Allocated tips | | |
| d Control number 1103 | | | | 9 | | 10 Depende | 10 Dependent care benefits | | |
| e Employee's first name and initial Mrunal | | itial Last name Hathi | Suff. | 11 Nonqualified plans | | | 12 See Instr | 12 See Instructions for box 12 | |
| 19,siddheshwar Bunglows Opp Swastik Ahmedabad FR 380058 India | | Swastik | | | Retirement plan [] | Third-party sick pay [] | | | |
| f Employee's address and ZIP code | | | 14 Other PFL 40.08 | | | 08 | | | |
| 15 State CT | Employer's state ID 0537340000 | | etc. 17 State inc 8009.50 | ome tax 18 | 3 Local wages, t | ips, etc. 19 Lo | ocal income tax | 20 Locality name | |

Form W-2 Wage and Tax Statement

2022

Department of Treasury - Internal Revenue Service