	a Employee's social securi number 851-36-5829	OMB No. 1545-0	This information is being furnished to the II are required to file a tax return, a negligen may be imposed on you if this income is ta	ce penalty or other sanction
b Employer identification nu 74-6000298	mber (EIN)		1 Wages, tips, other compensation 5983.00	2 Federal income tax withheld 25.10
c Employer's name, address, and ZIP code Lamar University P.O. BOX 10071 Beaumont TX 77710			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 692			9	10 Dependent care benefits
e Employee's first name and Ajay	ee's first name and initial Last name Suff. Devuji		11 Nonqualified plans	12 See Instructions for box 12
101 Crescent St Georgetown TX 78626-2835			13 Statutory Retirement Third-party employee plan sick pay	
f Employee's address and ZIP code			14 Other	
15 State Employer's state	ID number 16 State wages	s, tips, etc. 17 State inc	come tax 18 Local wages, tips, etc. 19 Local	al income tax 20 Locality name

Form W-2 Wage and Tax Statement

Department of Treasury - Internal Revenue Service