

b Employer identification number (EIN) 74-2579628		12a See instructions for Box 12		1 Wages, tips, other compensation 902.64	2 Federal income tax withheld
c Employer's name, address, and ZIP code NORTHERN ARIZONA UNIVERSITY PO BOX 4113 FLAGSTAFF, AZ 86011-4113		12b	3 Social security wages	4 Social security tax withheld	
		12c	5 Medicare wages and tips	6 Medicare tax withheld	
		12d	7 Social security tips	8 Allocated tips	
		12e	9	10 Dependent care benefits	
d/f Employer's name, address, and ZIP code VARNA GOBBUR 923 W UNIVERSITY AVE APT 7-345 FLAGSTAFF, AZ 86001-3098		This information is being furnished to the Internal Revenue Service  Copy B - To Be Filed With Employee's FEDERAL Tax Return		11 Nonqualified plans	13 Health insurance <input type="checkbox"/>
		Employee's social security number Applied For		14 Other	13 Health insurance <input type="checkbox"/>
Import Code: 6WGSABRP				13 Health insurance <input type="checkbox"/>	13 Health insurance <input type="checkbox"/>
15 State AZ	Employer's state ID number 74-2579628	16 State wages, tips, etc. 902.64	17 State income tax 24.37	18 Local wages, tips, etc.	19 Local income tax
Form <b>W-2</b> Wage and Tax Statement 2022		Department of the Treasury Internal Revenue Service		OMB # 1545-0048	

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d/f Employer's name, address, and ZIP code VARNA GOBBUR 923 W UNIVERSITY AVE APT 7-345 FLAGSTAFF, AZ 86001-3098		This information is being furnished to the Internal Revenue Service  Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return		11 Nonqualified plans	13 Health insurance <input type="checkbox"/>
		Employee's social security number Applied For		14 Other	13 Health insurance <input type="checkbox"/>
Import Code: 6WGSABRP				13 Health insurance <input type="checkbox"/>	13 Health insurance <input type="checkbox"/>
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d/f Employer's name, address, and ZIP code VARNA GOBBUR 923 W UNIVERSITY AVE APT 7-345 FLAGSTAFF, AZ 86001-3098		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a separate benefit or other document may be included in this Form W-2 as a separate and you file to report it.		11 Nonqualified plans	13 Health insurance <input type="checkbox"/>
		Copy C - For EMPLOYEE'S RECORDS (see Notice to Employee on back)		14 Other	13 Health insurance <input type="checkbox"/>
Import Code: 6WGSABRP		Employee's social security number Applied For		13 Health insurance <input type="checkbox"/>	13 Health insurance <input type="checkbox"/>
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