| Form W-2 Wage and Tax Statement 2                                                                                                                                | 022                 | 7 Social security tips                               | 1 Wages, tips, other comp.<br>14129.64     | 2 Federal income tax withheld<br>843.06 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------|--------------------------------------------|-----------------------------------------|
| c Employer's name, address, and ZIP code<br>UH SYSTEM CONSOLIDATED                                                                                               |                     | 8 Allocated tips                                     | 3 Social security wages                    | 4 Social security tax withheld          |
| 5000 GULF FWY                                                                                                                                                    |                     | 9                                                    | 5 Medicare wages and tips                  | 6 Medicare tax withheld                 |
| ROOM 109<br>HOUSTON TX 77204                                                                                                                                     |                     | 10 Dependent care benefits                           | 11 Nonqualified plans                      | <b>12a</b> See instructions for box 12  |
| <ul> <li>Employee's name, address, and ZIP code</li> <li>SAI HARSHA TATA</li> <li>APT 2002</li> <li>2111 HOLLY HALL ST</li> <li>HOUSTON TX 77054-3954</li> </ul> |                     | 13 Statutory Retirement Third-party<br>plan Sick pay | 14 Other                                   | 12b                                     |
|                                                                                                                                                                  |                     | b Employer identification number (EIN)<br>74-6001399 | )                                          |                                         |
|                                                                                                                                                                  |                     | a Employee's social security no.<br>837-73-1208      |                                            |                                         |
|                                                                                                                                                                  | e wages, tips, etc. | 17 State income tax 18 Lo                            | ocal wages, tips, etc. <b>19</b> Local inc | come tax 20 Locality name               |
|                                                                                                                                                                  |                     |                                                      |                                            |                                         |

Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being fumished to the Internal Revenue Service. OMB No. 1545-0008

Dept. of the Treasury - IRS Visit the IRS Web Site at www.irs.gov/efile

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.

| Form W-2 Wage and Tax Statement                                                     | 2022                       | 7 Social security tips                                                                                         | 1 Wages, tips, other comp.<br>14129.64 | 2 Federal income tax withheld 843.06 |
|-------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------|
| c Employer's name, address, and ZIP code<br>UH SYSTEM CONSOLIDATED<br>5000 GULF FWY |                            | 8 Allocated tips                                                                                               | 3 Social security wages                | 4 Social security tax withheld       |
|                                                                                     |                            | 9                                                                                                              | 5 Medicare wages and tips              | 6 Medicare tax withheld              |
| ROOM 109<br>HOUSTON TX 77204                                                        |                            | 10 Dependent care benefits                                                                                     | 11 Nonqualified plans                  | 12a See instructions for box 12      |
| e Employee's name, address, and ZIP code                                            |                            | 13 Statutory Retirement Third-par<br>employee plan Sick pay                                                    | <sup>ty</sup> <b>14</b> Other          | 12b                                  |
| SAI HARSHA TATA<br>APT 2002<br>2111 HOLLY HALL ST<br>HOUSTON TX 77054-3954          |                            | <b>b</b> Employer identification number (EIN)<br>74-6001399<br>a Employee's social security no.<br>837-73-1208 | _                                      | <u>و</u><br>12c                      |
|                                                                                     |                            |                                                                                                                |                                        | C de                                 |
|                                                                                     |                            |                                                                                                                |                                        | 12d                                  |
| 15 State Employer's state ID no.                                                    | 16 State wages, tips, etc. | 17 State income tax 18                                                                                         | Local wages, tips, etc. 19 Local in    | come tax 20 Locality name            |
| Copy C For EMPLOYEE'S RECORDS (See Notice                                           | to Employee on back of     | Сору В.)                                                                                                       | OMB No. 1545-0008                      | Dept. of the Treasury - IRS          |

| Form W-2 Wage and Tax Statement                                    | 2022                             | 7 Social security tips                                   | 1 Wages, tips, other comp.<br>14129.64   | 2 Federal income tax withheld 843.06 |
|--------------------------------------------------------------------|----------------------------------|----------------------------------------------------------|------------------------------------------|--------------------------------------|
| c Employer's name, address, and ZIP code<br>UH SYSTEM CONSOLIDATED |                                  | 8 Allocated tips                                         | 3 Social security wages                  | 4 Social security tax withheld       |
| 5000 GULF FWY                                                      |                                  | 9                                                        | 5 Medicare wages and tips                | 6 Medicare tax withheld              |
| ROOM 109                                                           |                                  |                                                          |                                          | 10                                   |
| HOUSTON TX 77204                                                   |                                  | 10 Dependent care benefits                               | 11 Nonqualified plans                    | <b>12a</b>                           |
| e Employee's name, address, and ZIP code                           |                                  | 13 Statutory Retirement Third-party<br>plan Sick pay     | 14 Other                                 | c <sup>12b</sup>                     |
| SAI HARSHA TATA                                                    |                                  |                                                          | -                                        | de                                   |
|                                                                    |                                  | <ul> <li>Employer identification number (EIN)</li> </ul> |                                          | 12c                                  |
| APT 2002                                                           |                                  | 74-6001399                                               |                                          | o<br>de                              |
| 2111 HOLLY HALL ST                                                 |                                  | a Employee's social security no.                         |                                          | 12d                                  |
| HOUSTON TX 77054-3954                                              |                                  | 837-73-1208                                              |                                          | C de                                 |
| 1100510N 1X //054 5754                                             |                                  |                                                          |                                          |                                      |
| 15 State Employer's state ID no. 10                                | <b>3</b> State wages, tips, etc. | 17 State income tax 18 Loc                               | al wages, tips, etc. <b>19</b> Local inc | come tax 20 Locality name            |
| Conv. 0 To Do Filed With Employeeds State City o                   |                                  | atum 01                                                  | 4D N= 1545 0000                          | Dank of the Terrore IDO              |

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008

Dept. of the Treasury - IRS

| Form W-2 Wa                                                                                                            | ge and Tax Stateme            | nt 2022                                                                                                                             | 7 Social security tips | 1 Wages, tips, other comp.<br>14129.64 | 2 Federal income tax withheld<br>843.06 |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------|-----------------------------------------|
|                                                                                                                        | address, and ZIP code         |                                                                                                                                     | 8 Allocated tips       | 3 Social security wages                | 4 Social security tax withheld          |
| 5000 GUI                                                                                                               | LF FWY                        |                                                                                                                                     | 9                      | 5 Medicare wages and tips              | 6 Medicare tax withheld                 |
| ROOM 109                                                                                                               | 9                             |                                                                                                                                     |                        |                                        | 12a                                     |
| HOUSTON TX 77204                                                                                                       |                               | 10 Dependent care benefits                                                                                                          | 11 Nonqualified plans  |                                        |                                         |
| e Employee's name, address, and ZIP code<br>SAI HARSHA TATA<br>APT 2002<br>2111 HOLLY HALL ST<br>HOUSTON TX 77054-3954 |                               | 13 Statutory Retirement Third-party<br>plan sick pay                                                                                | 14 Other               | 12b                                    |                                         |
|                                                                                                                        |                               | <ul> <li>b Employer identification number (EIN)<br/>74-6001399</li> <li>a Employee's social security no.<br/>837-73-1208</li> </ul> |                        | 12c                                    |                                         |
|                                                                                                                        |                               |                                                                                                                                     |                        |                                        | Č d                                     |
|                                                                                                                        |                               |                                                                                                                                     |                        | 15 State                               | Employer's state ID no.                 |
| Copy 2 To Be File                                                                                                      | ed With Employee's State, Cit | y, or Local Income Tax Retur                                                                                                        | n L87                  | OMB No. 1545-0008 5206                 | Dept. of the Treasury - IRS             |