	numl	ployee's social security per 9896	This information is being furnished to the I are required to file a tax return, a negligen OMB No. 1545-0008 may be imposed on you if this income is ta					ce penalty or ot	her sanction	
b Employer identification number (EIN) 61-1730890				1 Wages, tips, other compensation 26424.96				2 Federal income tax withheld 3143.49		
c Employer's name, address, and ZIP code Oregon State University PO BOX 1086				3 Social security wages			4 Social security tax withheld			
Corvallis OR 97339-1086			5 Medicare wages and tips				6 Medicare tax withheld			
				7 Social security tips			8 Allocated tips			
d Control number 758				9				10 Dependent care benefits		
e Employee's first name and initial George		Last name Augustin	Suff.	11 Nonqualified plans .00			.00	12 See Instructions for box 12 DD 3109.92		
f Employee's address and ZIP code 1005 SW Washington Ave Apt 5 Corvallis OR 97333-4328				13 Statutory employee []	Retirement plan []	Third-party sick pay []	,			
				14 Other ORSTTW			26.43			
15 State OR	Employer's state ID num 1645577-4		etc. 17 State 6424.96	income tax 2092.63	Local wages, t	ips, etc.	19 Loca	al income tax	20 Locality name	

Form W-2 Wage and Tax Statement

2022

Department of Treasury - Internal Revenue Service