3 Social security wages 5 Medicare wages and tips 212,2 a Employee's SSA number XXX-XY-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, and ZIP code University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-000 7 Social security tips 9 11 Nonqualified plans 13 Statutory Retirement Sick pay Employée plan Sick pay 14 Other e Employee's first name and initial Last na Akshitha R Kasireddy 3245 bishop St, APT 8 Cincinnati OH 45220 f Employee's address and ZIP code 15 State Employer's state ID OH 51-160145 16 State wages, tips, etc. 4498.0 17 State income tax 45.2	6 Medicare tax withheld Employer use only d Control number 00146364 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 12b 12c 12d 1ame 18 Local wages, tips, etc 19 Local income tax 20 Locality name	3,08 3,08 Suff.	5 Medicare wages and tips a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, ar University of P. O. Box 2' Cincinnati O 7 Social security tips 9 11 Nonqualified plans 13 Statutory Employée Plan 14 Other e Employee's first name and Akshitha R H 3245 bishop Cincinnati O f Employee's address and ZIP	Third-Party Sick pay I initial Last nam (assireddy St, APT 8 H 45220 code ar's state ID 4498.03	4 Social security 6 Medicare tax v Employer use or d Control numbe 00146364 8 Allocated tips 10 Dependent ci 12a See instruct 12b 12c 12d 1e 18 Local wages, 19 Local income 20 Locality name Cincinnati	are benefits ions for box 12 tips, etc	3,0 Suff. 4519,2 81.3
3 Social security wages 5 Medicare wages and tips 212,2 a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, and ZIP code University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-000 7 Social security tips 9 11 Nonqualified plans 13 Statutory Retirement Third-Party plan Sick pay I H Other e Employee's first name and initial Last na Akshitha R Kasireddy 3245 bishop St, APT 8 Cincinnati OH 45220 f Employee's address and ZIP code 15 State Employer's state ID OH 51-160145 16 State wages, tips, etc.	6 Medicare tax withheld Employer use only d Control number 00146364 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 12b 12c 12d ame 18 Local wages, tips, etc 19 Local income tax	Suff. 4519.26	5 Medicare wages and tips a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, ar University of P. O. Box 2' Cincinnati O 7 Social security tips 9 11 Nonqualified plans 13 Statutory Employee Akshitha R Mades and Akshitha Mades and Aksh	Third-Party Sick pay I initial Last nam (asireddy St, APT 8 H 45220 code er's state ID	6 Medicare tax v Employer use or d Control numbe 00146364 8 Allocated tips 10 Dependent ci 12a See instruct 12b 12c 12d	are benefits ions for box 12	Suff. 4519.2
3 Social security wages 5 Medicare wages and tips 212,2 a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, and ZIP code University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-000' 7 Social security tips 9 11 Nonqualified plans 13 Statutory Retirement Third-Party Employee plan Sick pay 14 Other e Employee's first name and initial Last na Akshitha R Kasireddy 3245 bishop St, APT 8 Cincinnati OH 45220 f Employee's address and ZIP code 15 State OH 51-160145	6 Medicare tax withheld Employer use only d Control number 00146364 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 12b 12c 12d 1ame	Suff.	5 Medicare wages and tips a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, ar University of P. O. Box 2' Cincinnati O 7 Social security tips 9 11 Nonqualified plans 13 Statutory Employee Akshitha R Mades and Akshitha Mades and Aksh	Initial Last nam Kasireddy St, APT 8 H 45220 Coode	6 Medicare tax v Employer use or d Control numbe 00146364 8 Allocated tips 10 Dependent ci 12a See instruct 12b 12c 12d	are benefits ions for box 12	Suff.
3 Social security wages 5 Medicare wages and tips 212,2 a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, and ZIP code University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-000' 7 Social security tips 9 11 Nonqualified plans 13 Statutory Retirement Third-Party Plan Sick pay 14 Other e Employee's first name and initial Last na Akshitha R Kasireddy 3245 bishop St, APT 8	6 Medicare tax withheld Employer use only d Control number 00146364 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 12b 12c 12d		5 Medicare wages and tips a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, ar University of P. O. Box 2' Cincinnati O 7 Social security tips 9 11 Nonqualified plans 13 Statutory Employee Employee's first name and Akshitha R k 3245 bishop	Initial Last nam (asireddy St, APT 8	8 Allocated tips 10 Dependent ct 12a See instruct 12b 12c 12d	withheld and the second secon	
3 Social security wages 5 Medicare wages and tips 212,2 a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, and ZIP code University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-000' 7 Social security tips 9 11 Nonqualified plans 13 Statutory Retirement Third-Party Employee plan Sick pay 14 Other	6 Medicare tax withheld Employer use only d Control number 00146364 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 12b 12c 12d		5 Medicare wages and tips a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, ar University of P. O. Box 2' Cincinnati O 7 Social security tips 9 11 Nonqualified plans 13 Statutory Retirement plan Employee State of the st	nd ZIP code f Cincinnati 10001 H 45221-0001	8 Allocated tips 10 Dependent ct 12a See instruct 12b 12c 12d	withheld and the second secon	
3 Social security wages 5 Medicare wages and tips 212,2 a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, and ZIP code University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-000 7 Social security tips 9 11 Nonqualified plans 13 Statutory Employee plan Sick pay	6 Medicare tax withheld Employer use only d Control number 00146364 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12 12b 12c	3,08	5 Medicare wages and tips a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, ar University of P. O. Box 2' Cincinnati O 7 Social security tips 9 11 Nonqualified plans 13 Statutory Employee plan	nd ZIP code f Cincinnati I 0001 H 45221-0001	6 Medicare tax v Employer use or d Control numbe 00146364 8 Allocated tips 10 Dependent control 12a See instruct 12b	withheld and the second secon	3.0
3 Social security wages 5 Medicare wages and tips 212,2 a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, and ZIP code University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-000 7 Social security tips 9 11 Nonqualified plans 13 Statutory Employee plan Sick pay	6 Medicare tax withheld Employer use only d Control number 00146364 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12	3,08	5 Medicare wages and tips a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, ar University of P. O. Box 2' Cincinnati O 7 Social security tips 9 11 Nonqualified plans 13 Statutory Employee plan	nd ZIP code f Cincinnati I 0001 H 45221-0001	6 Medicare tax v Employer use or d Control numbe 00146364 8 Allocated tips 10 Dependent co	withheld and the second secon	3.0
3 Social security wages 5 Medicare wages and tips 212,2 a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, and ZIP code University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-000 7 Social security tips 9 11 Nonqualified plans 13 Statutory Employée Retirement Third-Party Employée plan Sick pay	6 Medicare tax withheld Employer use only d Control number 00146364 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12	3,08	5 Medicare wages and tips a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, ar University of P. O. Box 2' Cincinnati O 7 Social security tips 9 11 Nonqualified plans 13 Statutory Employee Retirement plan	nd ZIP code f Cincinnati I 0001 H 45221-0001	6 Medicare tax v Employer use or d Control numbe 00146364 8 Allocated tips 10 Dependent co	withheld and the second secon	3,0
3 Social security wages 5 Medicare wages and tips 212,2 a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, and ZIP code University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-000* 7 Social security tips	6 Medicare tax withheld Employer use only d Control number 00146364 8 Allocated tips 10 Dependent care benefits	3.08	5 Medicare wages and tips a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, ar University of P. O. Box 2' Cincinnati O	nd ZIP code f Cincinnati 10001	6 Medicare tax v Employer use or d Control numbe 00146364	withheld and the second secon	3,0
3 Social security wages 5 Medicare wages and tips 212,2 a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, and ZIP code University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-000* 7 Social security tips	6 Medicare tax withheld Employer use only d Control number 00146364 8 Allocated tips 10 Dependent care benefits	3.08	5 Medicare wages and tips a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, ar University of P. O. Box 2' Cincinnati O	nd ZIP code f Cincinnati 10001	6 Medicare tax v Employer use or d Control numbe 00146364	withheld and the second secon	3.
3 Social security wages 5 Medicare wages and tips 212,2 a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, and ZIP code University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-000	6 Medicare tax withheld Employer use only d Control number 00146364	3,08	5 Medicare wages and tips a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, ar University of P. O. Box 2' Cincinnati O	nd ZIP code f Cincinnati 10001	6 Medicare tax v Employer use or d Control numbe 00146364	vithheld nly er	3.
3 Social security wages 5 Medicare wages and tips 212,2 a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, and ZIP code University of Cincinnati P. O. Box 210001 Cincinnati OH 45221-000	6 Medicare tax withheld Employer use only d Control number 00146364	3,08	5 Medicare wages and tips a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, ar University of P. O. Box 2' Cincinnati O	nd ZIP code f Cincinnati 10001	6 Medicare tax v Employer use or d Control numbe 00146364	vithheld	3.
3 Social security wages 5 Medicare wages and tips 212,2 a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, and ZIP code University of Cincinnati P. O. Box 210001	6 Medicare tax withheld Employer use only d Control number 00146364	3.08	5 Medicare wages and tips a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989 c Employer's name, address, ar University of P. O. Box 22	nd ZIP code f Cincinnati 10001	6 Medicare tax v Employer use or	vithheld	3.
3 Social security wages 5 Medicare wages and tips 212,2 a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989	6 Medicare tax withheld 9 Employer use only d Control number	3,08	5 Medicare wages and tips a Employee's SSA number XXX-XX-9678 b Employer's FED ID number 31-6000989		6 Medicare tax v Employer use or	vithheld	3.
3 Social security wages 5 Medicare wages and tips 212,2 a Employee's SSA number XXX-XX-9678 b Employer's FED ID number	6 Medicare tax withheld 9 Employer use only d Control number	3.08	5 Medicare wages and tips a Employee's SSA number XXX-XX-9678 b Employer's FED ID number	212,29	6 Medicare tax v Employer use or	vithheld	3,
3 Social security wages 5 Medicare wages and tips 212.2 a Employee's SSA number	6 Medicare tax withheld	3.08	5 Medicare wages and tips a Employee's SSA number	212,29	6 Medicare tax v	vithheld	3.
3 Social security wages 5 Medicare wages and tips 212.2	6 Medicare tax withheld	3.08	5 Medicare wages and tips	212,29			3.0
3 Social security wages	·		, ,				
					4 Social security	tax withnein	
1 wages, tips, other compensation 4498.0		24.68	3 Social security wages	4498.03			24.
W-2 Wage and Tax Statement Copy C for Employee's records 1 Wages, tips, other compensation	Dept. of the Treasury - Internal F Service. This information is bein HRS. If you are required to fild a negligence penalty or other sa imposed on you if this income is you fail to report it.	e a tax return, anction may be a taxable and	Copy 2 To Be Filed With Emplo	yee's STATE Income		e tay withhold	
Form OMB No 1545-0008	Dept. of the Treasury - Internal F Service. This information is being	Revenue ig furnished to	W-2 Wage an	-0008	D4 -64b-	Treasury - Interr	nal Revenue
17 State income tax 45.2	20 Locality name		17 State income tax	45,29	20 Locality name Cincinnati	9	01.0
16 State wages, tips, etc. 4498.0	19 Local income tax	81.34	16 State wages, tips, etc.	4498.03	19 Local income	tax	81.3
f Employee's address and ZIP code 15 State	18 Local wages, tips, etc	4519.26	f Employee's address and ZIP of 15 State Employee OH 51-160145	code er's state ID	18 Local wages,	tips, etc	4519.
Akshitha R Kasireddy 3245 bishop St, APT 8 Cincinnati OH 45220			Akshitha R I 3245 bishop Cincinnati O	Kasireddy St, APT 8			oun,
e Employee's first name and initial Last na		Suff.	e Employee's first name and	l initia l Last nam			Suff.
14 Other	12c		14 Other		12c		
	120				120		
13 Statutory Retirement Third-Party Employee plan Sick pay	12b		13 Statutory Retirement Employee plan	Third-Party Sick pay	12b		
11 Nonqualified plans	12a See instructions for box 12		11 Nonqualified plans		12a See instruct		
9	10 Dependent care benefits		9		10 Dependent ca	are benefits	
Cincinnati OH 45221-0001	8 Allocated tips			H 45221-0001	8 Allocated tips		
University of Cincinnati P. O. Box 210001			University of P. O. Box 21				
31-6000989 c Employer's name, address, and ZIP code	00146364		31-6000989 00146364 C Employer's name, address, and ZIP code				
b Employer's FED ID number	d Control number		b Employer's FED ID number		d Control numbe	er .	
a Employee's SSA number	Employer use only	3.00	a Employee's SSA number	212.23	Employer use or	nly	<u> </u>
	6 Medicare tax withheld	3.08	5 Medicare wages and tips	212.29	6 Medicare tax v	vithheld	3.0
5 Medicare wages and tips 212.2	4 Social security tax withheld		3 Social security wages		4 Social security	tax withheld	
5 Medicare wages and tips	4 Coolel cocumity to the second			4498.03			24.
- ·		24.68	1 Wages, tips, other compensat	lion	2 Federal Incom	e tax withineid	