

1 Wages, tips, other compensation <b>1622.10</b>		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number <b>XXX-XX-0728</b>		Employer use only	
b Employer's FED ID number <b>38-6004447</b>		d Control number <b>00852174</b>	
c Employer's name, address, and ZIP code <b>CENTRAL MICHIGAN UNIVERSITY 1200 SOUTH FRANKLIN STREET MOUNT PLEASANT MI 48859</b>			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee Retirement plan Third-Party Sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. <b>KARTHIK PALLAGOLLA 1825 SOUTH CRAWFORD STREET APT D01 MOUNT PLEASANT MI 48858</b>			
f Employee's address and ZIP code			
15 State <b>MI</b>	Employer's state ID <b>690354473</b>	18 Local wages, tips, etc.	
16 State wages, tips, etc. <b>1622.10</b>		19 Local income tax	
17 State income tax <b>68.94</b>		20 Locality name	
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2022</b> Copy C for Employee's records			

1 Wages, tips, other compensation <b>1622.10</b>		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number <b>XXX-XX-0728</b>		Employer use only	
b Employer's FED ID number <b>38-6004447</b>		d Control number <b>00852174</b>	
c Employer's name, address, and ZIP code <b>CENTRAL MICHIGAN UNIVERSITY 1200 SOUTH FRANKLIN STREET MOUNT PLEASANT MI 48859</b>			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee Retirement plan Third-Party Sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. <b>KARTHIK PALLAGOLLA 1825 SOUTH CRAWFORD STREET APT D01 MOUNT PLEASANT MI 48858</b>			
f Employee's address and ZIP code			
15 State <b>MI</b>	Employer's state ID <b>690354473</b>	18 Local wages, tips, etc.	
16 State wages, tips, etc. <b>1622.10</b>		19 Local income tax	
17 State income tax <b>68.94</b>		20 Locality name	
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2022</b> Copy 2 To Be Filed With Employee's STATE Income Tax Return			

1 Wages, tips, other compensation <b>1622.10</b>		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number <b>XXX-XX-0728</b>		Employer use only	
b Employer's FED ID number <b>38-6004447</b>		d Control number <b>00852174</b>	
c Employer's name, address, and ZIP code <b>CENTRAL MICHIGAN UNIVERSITY 1200 SOUTH FRANKLIN STREET MOUNT PLEASANT MI 48859</b>			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee Retirement plan Third-Party Sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. <b>KARTHIK PALLAGOLLA 1825 SOUTH CRAWFORD STREET APT D01 MOUNT PLEASANT MI 48858</b>			
f Employee's address and ZIP code			
15 State <b>MI</b>	Employer's state ID <b>690354473</b>	18 Local wages, tips, etc.	
16 State wages, tips, etc. <b>1622.10</b>		19 Local income tax	
17 State income tax <b>68.94</b>		20 Locality name	
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2022</b> Copy B To Be Filed With Employee's FEDERAL Tax Return			

1 Wages, tips, other compensation <b>1622.10</b>		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number <b>XXX-XX-0728</b>		Employer use only	
b Employer's FED ID number <b>38-6004447</b>		d Control number <b>00852174</b>	
c Employer's name, address, and ZIP code <b>CENTRAL MICHIGAN UNIVERSITY 1200 SOUTH FRANKLIN STREET MOUNT PLEASANT MI 48859</b>			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee Retirement plan Third-Party Sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. <b>KARTHIK PALLAGOLLA 1825 SOUTH CRAWFORD STREET APT D01 MOUNT PLEASANT MI 48858</b>			
f Employee's address and ZIP code			
15 State <b>MI</b>	Employer's state ID <b>690354473</b>	18 Local wages, tips, etc.	
16 State wages, tips, etc. <b>1622.10</b>		19 Local income tax	
17 State income tax <b>68.94</b>		20 Locality name	
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2022</b> Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			