Form W-2 Wage and Tax Statement	2022	7 Social security tips	1 Wages, tips, other comp. 15714.5	2 Federal income tax withheld 55 426.32
c Employer's name, address, and ZIP code UNIVERSITY OF WISCONSIN SYSTEM		8 Allocated tips	3 Social security wages	4 Social security tax withheld
660 W WASHINGTON AVE STE 2	9	5 Medicare wages and tips	6 Medicare tax withheld	
MADISON WI 53703-4703		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
e Employee's name, address, and ZIP code NIVEDITHA SIVADANAM		13 Statutory Retirement Third-part plan Sick pay	^{ty} 14 Other	12b
		b Employer identification number ((EIN)	12c
2570 N MURRAY AVE		39-6006492	_	
MILWAUKEE WI 53211-3924		a Employee's social security no. XXX-XX-1232		12d
15 Employer's state ID no. 1 WI 036-1020421203-05 1	6 State wages, tips, etc. 15714.55		Local wages, tips, etc. 19 Loc	20 Locality name
Copy B To Be Filed With Employee's FEDERAL Ta	x Return	This information is being furnished to	OMB No. 1545-0008	Dept. of the Treasury - IRS Visit the IRS Web Site at www.irs.gov/efile emal Revenue Service. If you are required to file a tax return, a 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. 15714.	2 Federal income tax withheld
c Employer's name, address, and ZIP code UNIVERSITY OF WISCONSIN SYSTEM		8 Allocated tips	3 Social security wages	4 Social security tax withheld
660 W WASHINGTON AVE STE 2	9	5 Medicare wages and tips	6 Medicare tax withheld	
MADISON WI 53703-4703		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 1200
e Employee's name, address, and ZIP code NIVEDITHA SIVADANAM		13 Statutory Retirement Third-part plan sick pay	14 Other	12b
2570 N MURRAY AVE	b Employer identification number (39-6006492	EIN)	12c	
MILWAUKEE WI 53211-3924		a Employee's social security no. XXX-XX-1232		
15 State Employer's state ID no. 1 WI 036-1020421203-05 1	6 State wages, tips, etc. 15714.5		Local wages, tips, etc. 19 Loc	cal income 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. 15714.55	2 Federal income tax withheld 426.32
c Employer's name, address, and ZIP code UNIVERSITY OF WISCONSIN SY	YSTEM	8 Allocated tips	3 Social security wages	4 Social security tax withheld
660 W WASHINGTON AVE STE 201 MADISON WI 53703-4703		9	5 Medicare wages and tips	6 Medicare tax withheld
		10 Dependent care benefits	11 Nonqualified plans	12a ⁶ / ₂ DD 6608.16
e Employee's name, address, and ZIP code NIVEDITHA SIVADANAM 2570 N MURRAY AVE MILWAUKEE WI 53211-3924		13 Statutory Retirement Third-par plan sick pay	^{ty} 14 Other	12b
		b Employer identification number (EIN 39-6006492	(EIN)	12c
		a Employee's social security no. XXX-XX-1232	_	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
WI 036-1020421203-05	15714.55	345.51		

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OMB No. 1545-0008

Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statemen	t 2022	7 Social security tips	1 Wages, tips, other comp. 15714.55	2 Federal income tax withheld 426.32
c Employer's name, address, and ZIP code UNIVERSITY OF WISCONSIN SYSTEM 660 W WASHINGTON AVE STE 201 MADISON WI 53703-4703		8 Allocated tips	3 Social security wages	4 Social security tax withheld
		9	5 Medicare wages and tips	6 Medicare tax withheld
		10 Dependent care benefits	11 Nonqualified plans	12a [DD 6608.16
e Employee's name, address, and ZIP code NIVEDITHA SIVADANAM 2570 N MURRAY AVE MILWAUKEE WI 53211-3924		13 Statutory employee Retirement plan Third-part sick pay b Employer identification number (I 39-6006492	14 Other	12b
		a Employee's social security no. XXX-XX-1232		
15 State Employer's state ID no. WI 036-1020421203-05	16 State wages, tips, etc. 15714.55	17 State income tax 18 345.51 18	Local wages, tips, etc. 19 Local in	come tax 20 Locality name
Copy 2 To Be Filed With Employee's State, City	, or Local Income Tax Retur	n L87	OMB No. 1545-0008 5206	Dept. of the Treasury - IRS