

a Employee's SSN XXX-XX-5126		1 Wages, tips, other compensation 37459.87		2 Federal income tax withheld 3280.34	
OMB No. 1545-0008		3 Social security wages 37459.87		4 Social security tax withheld 2322.52	
b Employer identification number 54-6068198		5 Medicare wages and tips 37459.87		6 Medicare tax withheld 543.22	
c Employer's name, address, and ZIP code Old Dominion University Research Foundation PO BOX 6369 NORFOLK VA 23508					
e Employee's first name and initial SHIVANI		Last name BIMAVARAPU		Suff.	
241 WESTONIA RD CHESAPEAKE VA 23323					
f Employee's address and ZIP code					
d Control number		7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits		11 Nonqualified plans	
12a C 28.94		14 Other HINS 803.44			
12b DD 5209.54					
12c					
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input checked="" type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number VA 30-546068198F-001		16 State wages, tips, etc. 37459.87		17 State income tax 1772.00	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

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Form **W-2** Wage and Tax Statement **2022** Department of the Treasury-Internal Revenue Service
Copy B - To Be Filed With Employee's FEDERAL Tax Return.

Form **W-2** Wage and Tax Statement **2022** Department of the Treasury-Internal Revenue Service
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

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18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2022** Copy C - For EMPLOYEE'S RECORDS.

Form **W-2** Wage and Tax Statement **2022** Department of the Treasury-Internal Revenue Service
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

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.