

Form **W-2 Wage and Tax Statement** 2023

c Employer's name, address, and ZIP code

LSUHSC-SHREVEPORT
PAYROLL OFFICE
1501 KINGS HIGHWAY
SHREVEPORT LA 71130

e Employee's name, address, and ZIP code

ANOOP JOSE THOPPIL
4855 AIRLINE DR
APT 35C
BOSSIER CITY LA 71111-6650

7 Social security tips	1 Wages, tips, other comp. 170169.27	2 Federal income tax withheld 32731.77
8 Allocated tips	3 Social security wages	4 Social security tax withheld
9	5 Medicare wages and tips 223813.84	6 Medicare tax withheld 3459.62
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 E 22440.00
13 Statutory employee Retirement plan Third-party sick pay	14 Other RET 8704.57 CAF 9726.64	12b G 22500.00 12c DD 21480.68 12d
b Employer identification number (EIN) 72-0702002		
a Employee's social security no. 315-61-4557		
15 State Employer's state ID no. LA 0077933001	16 State wages, tips, etc. 170169.27	17 State income tax 6650.95
18 Local wages, tips, etc.		19 Local income tax
20 Locality name		

Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.
OMB No. 1545-0008

Dept. of the Treasury - IRS
Visit the IRS Web Site at www.irs.gov/efile

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.

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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

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