	a Employee's social security number 820-12-9663		OMB N	This information is being furnished to the Internal Rev are required to file a tax return, a negligence penalty DMB No. 1545-0008 may be imposed on you if this income is taxable and				e penalty or ot	her sanction	
b Employer identification number (EIN) 37-0986220					1 Wages, tips, other compensation 3821.83				2 Federal income tax withheld	
c Employer's name, address, and ZIP code SOUTHERN IL UNIV EDWARDSVILLE CAMPUS BOX 1040					3 Social security wages				4 Social security tax withheld	
Edwardsville IL 62026					5 Medicare wages and tips				6 Medicare tax withheld	
					7 Social secu	rity tips			8 Allocated tip	S
d Control number 3258					9				10 Dependent care benefits	
		Last name Narra	Su	Suff.	11 Nonqualified plans				12 See Instructions for box 12	
89 Devon Ct Apt 4 Edwardsville IL 62025-3918					13 Statutory employee []	Retirement Third-party plan sick pay [] []				
f Employee's address and ZIP code					14 Other					
15 State IL	Employer's state ID nur 09217657000		tc. 1 321.83	7 State inco	ome tax 1 189.19	8 Local wages,	, tips, etc.	19 Loca	I income tax	20 Locality name

Form W-2 Wage and Tax Statement

2023

Department of Treasury - Internal Revenue Service