

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

c Employer's name, address, and ZIP code
UT HEALTH SCIENCE CENTER
7703 FLOYD CURL DRIVE
SAN ANTONIO TX 78229

e Employee's name, address, and ZIP code
THARUN RAMAGONI
10422 HUEBNER RD.
APT 2502
SAN ANTONIO TX 78240-0000

7 Social security tips		1 Wages, tips, other comp. 88972.81		2 Federal income tax withheld 7916.16		
8 Allocated tips		3 Social security wages 96301.19		4 Social security tax withheld 5970.67		
9		5 Medicare wages and tips 96301.19		6 Medicare tax withheld 1396.37		
10 Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12 DD 11934.07		
13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		14 Other		12b		
b Employer identification number (EIN) 74-1586031				12c		
a Employee's social security no. 336-63-6203				12d		
15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	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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