

2023 W-2 and EARNINGS SUMMARY

**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2023**  
Copy C for employee's records. OMB No. 1545-0008

|                  |  |       |       |                   |  |
|------------------|--|-------|-------|-------------------|--|
| d Control number |  | Dept. | Corp. | Employer use only |  |
| 0000125056 TYI   |  | WSJ7  |       | E S 28139         |  |

c Employer's name, address, and ZIP code  
 UNIVERSITY OF SOUTHERN CALIFORNIA  
 UNIVERSITY PARK  
 LOS ANGELES, CA 90089-0001

e/f Employee's name, address, and ZIP code  
 KENY JIGNESH SHAH  
 2821 S HOOVER ST  
 APT 303  
 LOS ANGELES, CA 90007

|                                           |                                 |
|-------------------------------------------|---------------------------------|
| b Employer's FED ID number                | a Employee's SSA number         |
| 95-1642394                                | XXX-XX-5838                     |
| 1 Wages, tips, other comp.                | 2 Federal income tax withheld   |
| 21185.68                                  | 806.02                          |
| 3 Social security wages                   | 4 Social security tax withheld  |
| 5 Medicare wages and tips                 | 6 Medicare tax withheld         |
| 7 Social security tips                    | 8 Allocated tips                |
| 9                                         | 10 Dependent care benefits      |
| 11 Nonqualified plans                     | 12a See instructions for box 12 |
| 14 Other                                  | 12b                             |
|                                           | 12c                             |
|                                           | 12d                             |
| 13 Stat emp. Ret. plan 3rd party sick pay |                                 |
| 15 State Employer's state ID no.          | 16 State wages, tips, etc.      |
| CA 910-0606 4                             | 21185.68                        |
| 17 State income tax                       | 18 Local wages, tips, etc.      |
| 259.83                                    |                                 |
| 19 Local income tax                       | 20 Locality name                |

KENY JIGNESH SHAH  
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 APT 303  
 LOS ANGELES, CA 90007

Social Security Number: XXX-XX-5838



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|                            |                                |       |                   |
|----------------------------|--------------------------------|-------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld  |       |                   |
| 21185.68                   | 806.02                         |       |                   |
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| 5 Medicare wages and tips  | 6 Medicare tax withheld        |       |                   |
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|                                           | 12c                             |
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| 15 State Employer's state ID no. | 16 State wages, tips, etc. |
| CA 910-0606 4                    | 21185.68                   |
| 17 State income tax              | 18 Local wages, tips, etc. |
| 259.83                           |                            |
| 19 Local income tax              | 20 Locality name           |

**W-2 Federal Filing Copy Wage and Tax Statement 2023**  
Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

|                            |                                |       |                   |
|----------------------------|--------------------------------|-------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld  |       |                   |
| 21185.68                   | 806.02                         |       |                   |
| 3 Social security wages    | 4 Social security tax withheld |       |                   |
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| 9                                         | 10 Dependent care benefits |
| 11 Nonqualified plans                     | 12a                        |
| 14 Other                                  | 12b                        |
|                                           | 12c                        |
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| 13 Stat emp. Ret. plan 3rd party sick pay |                            |

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 LOS ANGELES, CA 90007

|                                  |                            |
|----------------------------------|----------------------------|
| 15 State Employer's state ID no. | 16 State wages, tips, etc. |
| CA 910-0606 4                    | 21185.68                   |
| 17 State income tax              | 18 Local wages, tips, etc. |
| 259.83                           |                            |
| 19 Local income tax              | 20 Locality name           |

**W-2 CA State Filing Copy Wage and Tax Statement 2023**  
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

|                            |                                |       |                   |
|----------------------------|--------------------------------|-------|-------------------|
| 1 Wages, tips, other comp. | 2 Federal income tax withheld  |       |                   |
| 21185.68                   | 806.02                         |       |                   |
| 3 Social security wages    | 4 Social security tax withheld |       |                   |
| 5 Medicare wages and tips  | 6 Medicare tax withheld        |       |                   |
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**W-2 City or Local Filing Copy Wage and Tax Statement 2023**  
Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008



**Tuition Statement**

|                                                                                                                                                                                                                                                                                |                                                                                      |                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------|
| FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number<br>University of Southern California<br>University Park<br>Los Angeles CA 90089<br><br>Contact (213) 740-7471<br>Questions? Call ECSI at 866-428-1098 | 1 Payments received for qualified tuition and related expenses<br><b>\$20,136.00</b> | OMB No. 1545-1574<br><br><b>2023</b><br><br>Form 1098-T |
|                                                                                                                                                                                                                                                                                | 2                                                                                    |                                                         |

|                                                                                                                                                              |                                                                             |                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILER'S federal identification no.<br><b>95-1642394</b>                                                                                                      | STUDENT'S TIN<br><b>*****5838</b>                                           | 3                                                                                                                                                                                                                                                                                      |
| STUDENT'S name, street address, city, state, and ZIP code<br><b>KENY JIGNESH SHAH</b><br><b>2821 S HOOVER ST APT 303</b><br><b>LOS ANGELES CA 90007-2450</b> |                                                                             | 4 Adjustments made for a prior year<br><br>5 Scholarships or grants<br><br>6 Adjustments to scholarships or grants for a prior year<br><br>7 Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2024 <input checked="" type="checkbox"/> |
| Service Provider/Acct No. (see instr.)<br><b>7730783216</b>                                                                                                  | 8 Checked if at least half-time student <input checked="" type="checkbox"/> | 9 Checked if a graduate student <input checked="" type="checkbox"/><br>10 Ins. contract reimb./refund                                                                                                                                                                                  |

**Copy B For Student**

This is important tax information and is being furnished to the Internal Revenue Service. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.

Form **1098-T** (keep for your records) [www.irs.gov/1098t](http://www.irs.gov/1098t) Department of the Treasury-Internal Revenue Service  
 If you have any general questions, please visit <https://www.ecsi.net/taxinfo.html> for information regarding your tax documents and to obtain contact information for ECSI. If you have any questions regarding the financial information on your 1098-T, please contact your school directly.  
 Neither your school nor ECSI can answer tax questions or provide tax advice, you must contact your tax professional.

| Transaction History |       |                   | Transaction History |       |                   |
|---------------------|-------|-------------------|---------------------|-------|-------------------|
| Trans Date          | Box # | Trans Description | Trans Date          | Box # | Trans Description |

For a complete listing of your student account transactions, please access your student account online through the student portal provided by your institution.

Access your electronic tax document at <https://heartland.ecsi.net>.  
 Create a profile and connect your Heartland key (00711-1A6DFDD6CE6D) to view your tax profile.