|   |                        | mployee's social security number<br>*6447 |                | This information is being furnished to the Integrated are required to file a tax return, a negligence OMB No. 1545-0008 may be imposed on you if this income is taxa |  |                             |                                   |  | ner sanction     |         |
|---|------------------------|---|----------------|--|--|-----------------------------|-----------------------------------|--|------------------|---------|
| b Employer identification number (EIN)<br>75-6002622                                  |                        |   |                |  | 1 Wages, tips, other compensation 61024.43 |                             |                                   | 2 Federal income tax withheld<br>7129        |                  | 7129.40 |
| c Employer's name, address, and ZIP code<br>TEXAS TECH UNIVERSITY SYSTEM<br>Box 41092 |                        |   |                |  | 3 Social security wages 66402.43           |                             |                                   | 4 Social security tax withheld 4116.95       |                  |         |
| Lubbock TX 79409  |                        |   |                |  | Medicare wa                                | ges and tips                | 6 Medicare tax withheld<br>962.84 |  |                  |         |
|   |                        |   |                | 7  | Social securi                              | ty tips                     |                                   | 8 Allocated tip                              | os               |         |
| d Control number<br>12190   |                        |   |                |  | 9  |                             |                                   | 10 Dependent care benefits                   |                  |         |
| e Employee's first name and initial Last name Chetan Karahalli Srinivasa              |                        |   | Suff           | 1  | <b>11</b> Nonqualified plans 0.            |                             |                                   | 12 See Instructions for box 12<br>DD 4998.56 |                  |         |
| 4314 16th St Apt 27<br>Lubbock TX 79416-5833  |                        |   |                | 1  | 3 Statutory employee                       | Retirement<br>plan<br>[ X ] | Third-party<br>sick pay<br>[ ]    |  |                  |         |
| f Employee's address and ZIP code   |                        |   |                |  | 4 Other                                    |                             |                                   |  |                  |         |
| 15 State  | Employer's state ID nu | mber 16 State wages, tips, etc            | c. 17 State in | 17 State income  |  | 18 Local wages, tips, etc   | c. 19 Local income                | e tax  | 20 Locality name |         |