

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

**c** Employer's name, address, and ZIP code  
 UT HEALTH SCIENCE CTR-HOUSTON  
 7000 FANNIN, STE. 1020  
 HOUSTON TX 77030

**e** Employee's name, address, and ZIP code  
 Suff. SHRASTI LOHIYA  
 5755 ALMEDA RD UNIT 449  
 HOUSTON TX 77004-8118

7 Social security tips	1 Wages, tips, other comp. 49701.14	2 Federal income tax withheld 5189.71
8 Allocated tips	3 Social security wages 29418.10	4 Social security tax withheld 1823.92
9	5 Medicare wages and tips 29418.10	6 Medicare tax withheld 426.56
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 DD 8279.16
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b
b Employer identification number (EIN) 74-1761309		12c
a Employee's social security no. XXX-XX-6884		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. **Dept. of the Treasury - IRS**  
 OMB No. 1545-0008 Visit the IRS Web Site at [www.irs.gov/efile](http://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.)** OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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**Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return** OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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**Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return** L87 OMB No. 1545-0008 5206 **Dept. of the Treasury - IRS**