

2023 Form **W-2 Wage and Tax Statement** **22222** Void

c Employer's name, address, and ZIP code CASCADIA COLLEGE 18345 CAMPUS WAY NE BOTHHELL WA 98011-8205		7 Social security tips	1 Wages, tips, other comp. 89.10	2 Federal income tax withheld		
		8 Allocated tips	3 Social security wages	4 Social security tax withheld		
		9	5 Medicare wages and tips	6 Medicare tax withheld		
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12		
e Employee's name, address, and ZIP code GOVIND S NAIR 414 210TH ST SE BOTHHELL WA 98021-7648		Suff. 13 Statutory employee Retirement Plan Third-party Sick pay	14 Other	12b		
		b Employer identification number (EIN) 91-2010540		12c		
		a Employee's social security no. 536-61-8025		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 1/D EMPLOYER'S - STATE, LOCAL OR FILE COPY For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. OMB No. 1545-0008 Dept. of the Treasury - IRS

2023 Form **W-2 Wage and Tax Statement** **22222** Void

c Employer's name, address, and ZIP code CASCADIA COLLEGE 18345 CAMPUS WAY NE BOTHHELL WA 98011-8205		7 Social security tips	1 Wages, tips, other comp. 89.10	2 Federal income tax withheld		
		8 Allocated tips	3 Social security wages	4 Social security tax withheld		
		9	5 Medicare wages and tips	6 Medicare tax withheld		
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12		
e Employee's name, address, and ZIP code GOVIND S NAIR 414 210TH ST SE BOTHHELL WA 98021-7648		Suff. 13 Statutory employee Retirement Plan Third-party Sick pay	14 Other	12b		
		b Employer identification number (EIN) 91-2010540		12c		
		a Employee's social security no. 536-61-8025		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 1/D EMPLOYER'S - STATE, LOCAL OR FILE COPY For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. OMB No. 1545-0008 Dept. of the Treasury - IRS

2023 Form **W-2 Wage and Tax Statement** **22222** Void

c Employer's name, address, and ZIP code CASCADIA COLLEGE 18345 CAMPUS WAY NE BOTHHELL WA 98011-8205		7 Social security tips	1 Wages, tips, other comp. 89.10	2 Federal income tax withheld		
		8 Allocated tips	3 Social security wages	4 Social security tax withheld		
		9	5 Medicare wages and tips	6 Medicare tax withheld		
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12		
e Employee's name, address, and ZIP code GOVIND S NAIR 414 210TH ST SE BOTHHELL WA 98021-7648		Suff. 13 Statutory employee Retirement Plan Third-party Sick pay	14 Other	12b		
		b Employer identification number (EIN) 91-2010540		12c		
		a Employee's social security no. 536-61-8025		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 1/D EMPLOYER'S - STATE, LOCAL OR FILE COPY For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. OMB No. 1545-0008 Dept. of the Treasury - IRS

2023 Form **W-2 Wage and Tax Statement** **22222** Void

c Employer's name, address, and ZIP code CASCADIA COLLEGE 18345 CAMPUS WAY NE BOTHHELL WA 98011-8205		7 Social security tips	1 Wages, tips, other comp. 89.10	2 Federal income tax withheld		
		8 Allocated tips	3 Social security wages	4 Social security tax withheld		
		9	5 Medicare wages and tips	6 Medicare tax withheld		
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12		
e Employee's name, address, and ZIP code GOVIND S NAIR 414 210TH ST SE BOTHHELL WA 98021-7648		Suff. 13 Statutory employee Retirement Plan Third-party Sick pay	14 Other	12b		
		b Employer identification number (EIN) 91-2010540		12c		
		a Employee's social security no. 536-61-8025		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 1/D EMPLOYER'S - STATE, LOCAL OR FILE COPY For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. L87R 5406 OMB No. 1545-0008 Dept. of the Treasury - IRS