

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

c Employer's name, address, and ZIP code

THE BOARD OF TRUSTEES OF THE
LELAND STANFORD JUNIOR UNIVERSITY
485 BROADWAY, FLOOR 2
REDWOOD CITY CA 94063-8838

e Employee's name, address, and ZIP code

PARUL KATIIYAR
ROOM NO. 001, C/O PROF. PARTHA ROY
DEPARTMENT OF BIOSCIENCES AND BIOENGI
ROORKEE 247667 INDIA

7 Social security tips	1 Wages, tips, other comp. 49330.44	2 Federal income tax withheld 6005.37
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 DD 8286.93
13 Statutory employee Retirement plan Third-party sick pay	14 Other VPDI 443.97	12b
b Employer identification number (EIN) 94-1156365		12c
a Employee's social security no. XXX-XX-5057		12d
15 State Employer's state ID no. CA 910-0464-8	16 State wages, tips, etc. 49330.44	17 State income tax 2159.38
	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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