		a Employee's *****4177	social security number	This information is being furnished to the l are required to file a tax return, a negligenc OMB No. 1545-0008 may be imposed on you if this income is ta				enalty or oth	er sanction
b Employer identification number (EIN) 39-0833608					1 Wages, tips, other compensation 3908.70			2 Federal income tax withheld	
Concordia University Wisconsin 12800 N Lake Shore Dr Mequon WI 53097					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	
d Control number 209				9			10 Dependent care benefits		
e Employee's first name and initial Himani Reddy		Last name Bobba	Suff.	11 Nonqualified plans 0		0.00	12 See Instructions for box 12		
W201N5459 Conifer Court Menomonee Falls WI 53051				13 Statutory employee []	Retirement plan []	Third-party sick pay []			
f Employee's address and ZIP code				14 Other					
	Employer's state ID 3.6102042044003E		<b>16</b> State wages, tips, etc. 3908.70	17 State incom	ne tax 28.86	18 Local wages, tips, etc	c. 19 Local incom	e tax	20 Locality name

Form W-2 Wage and Tax Statement