

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

c Employer's name, address, and ZIP code
 LOWER COLORADO RIVER AUTHORITY
 P.O. BOX 220
 AUSTIN TX 78767-0220

e Employee's name, address, and ZIP code
 SANDEEP GOVINDARAJ
 1900 SCOFIELD RIDGE PKWY
 APT 1601
 AUSTIN TX 78727

		7 Social security tips	1 Wages, tips, other comp. 119650.19	2 Federal income tax withheld 13956.75
		8 Allocated tips	3 Social security wages 119650.19	4 Social security tax withheld 7418.31
		9	5 Medicare wages and tips 119650.19	6 Medicare tax withheld 1734.93
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 186.66
Suff.		13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b W 4600.00
		b Employer identification number (EIN) 74-6002915		12c DD 17560.88
		a Employee's social security no. 164-21-2420		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. 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.) 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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