|  |                                       | <b>Employee's s</b><br>***7535 | ocial security number | OMB No. 154              | 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. |                               |                  |                                       |                  |  |
|--|---------------------------------------|--------------------------------|-----------------------|--------------------------|--|-------------------------------|------------------|---------------------------------------|------------------|--|
| b Employer identification number (EIN)<br>85-6000401   |                                       |                                |                       |                          | 1 Wages, tips,   | other compensation            | 27394.05         | 2 Federal income tax withheld 1405.33 |                  |  |
| c Employer's name, address, and ZIP code<br>New Mexico State University<br>MSC 3AA, PO Box 30001 |                                       |                                |                       |                          | 3 Social security wages  |                               |                  | 4 Social security tax withheld        |                  |  |
| Las Cruces NM 88003  |                                       |                                |                       |                          | 5 Medicare wages and tips  |                               |                  | 6 Medicare tax withheld               |                  |  |
|  |                                       |                                |                       |                          | 7 Social security tips   |                               |                  | 8 Allocated tips                      |                  |  |
| d Control number<br>2169   |                                       |                                |                       |                          | 9  |                               |                  | 10 Dependent care benefits            |                  |  |
| e Employee's first name and initial<br>Shravya   |                                       | al                             | Last name<br>Dharba   | Suff.                    | 11 Nonqualified plans 0.   |                               |                  | 0 12 See Instructions for box 12      |                  |  |
| 2450 Hagerty Road, Apt 12<br>Las Cruces NM 88001   |                                       |                                |                       | 13 Statutory<br>employee | Retirement<br>plan<br>[]   | Third-party<br>sick pay<br>[] |                  |                                       |                  |  |
| f Employee's address and ZIP code  |                                       |                                |                       |                          | 14 Other   |                               |                  |                                       |                  |  |
|  | Employer's state ID nu<br>01507888004 | ,                              |                       | 17 State incom           | e tax<br>724.31  | 18 Local wages, tips, etc.    | . 19 Local incom | e tax                                 | 20 Locality name |  |