

# W-2 Wage and Tax Statement

Select the Print button to print W-2 statement (for tax years 2015 forward.) You may need to print multiple copies for submission to federal, state, and local entities. Click on Help Text for information on how to print an approved format for different web browsers. Use this link [IRS W-2 Instructions](#) to view information about this form.

**Status:** Original  
**As of Date:** Jan 23, 2024

## Form W-2 Wage and Tax Statement 2023

|  |   |   |  |  |                            |                         |
|--|---|---|--|--|----------------------------|-------------------------|
|  |   | <b>a Employee's social security number</b><br>*****1312                               | <b>OMB No. 1545-0008</b>                 | 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>b Employer identification number (EIN)</b><br>72-6000817  |   | <b>1 Wages, tips, other compensation</b><br><br>7000.00                               |  | <b>2 Federal income tax withheld</b>   |                            |                         |
| <b>c Employer's name, address, and ZIP code</b><br>Southern University System<br>JS Clark Administration<br>Baton Rouge LA 70813 |   | <b>3 Social security wages</b>  |  | <b>4 Social security tax withheld</b>  |                            |                         |
|  |   | <b>5 Medicare wages and tips</b>  |  | <b>6 Medicare tax withheld</b>   |                            |                         |
|  |   | <b>7 Social security tips</b>   |  | <b>8 Allocated tips</b>  |                            |                         |
| <b>d Control number</b><br>2072  |   | <b>9</b>  |  | <b>10 Dependent care benefits</b>  |                            |                         |
| <b>e Employee's first name and initial Last name Suff.</b><br>Tanvi Kote<br><br>Hyderabad<br>Hyderabad FR 500072<br>India        |   | <b>11 Nonqualified plans</b>  |  | <b>12 See Instructions for box 12</b>  |                            |                         |
|  |   | <b>13 Statutory employee [ ]<br/>Retirement plan [ ]<br/>Third-party sick pay [ ]</b> |  |  |                            |                         |
|  |   | <b>14 Other</b>   |  |  |                            |                         |
| <b>f Employee's address and ZIP code</b>   |   |   |  |  |                            |                         |
| <b>15 State</b><br>LA  | <b>Employer's state ID number</b><br>107766800100 | <b>16 State wages, tips, etc.</b><br><br>7000.00                                      | <b>17 State income tax</b><br><br>117.18 | <b>18 Local wages, tips, etc.</b>  | <b>19 Local income tax</b> | <b>20 Locality name</b> |

Printable W-2

**RELEASE: 8.21.0.1  
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