|   |                                     | a Employee's<br>*****5858 | s social 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>36-2170136  |                                     |                           |                          |                         | 1 Wages, tips             | , other compensation   | 1500.03                        | 2 Federal income tax withheld<br>313.53 |                  |  |
| c Employer's name, address, and ZIP code ILLINOIS INST OF TECHNOLOGY 3424 S STATE ST Chicago IL 60616 |                                     |                           |                          |                         | 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<br>2669  |                                     |                           |                          |                         | 9                         |  |                                | 10 Dependent care benefits              |                  |  |
| e Employee's first name and initial Last name<br>Sailakshmi Pothireddy                                |                                     |                           | Suff.                    | 11 Nonqualified plans 0 |                           |  | 12 See Instructions for box 12 |   |                  |  |
| 2801 prairie shores<br>202 apt<br>Chicago IL 60616  |                                     |                           |                          | 13 Statutory employee   | Retirement plan           | Third-party<br>sick pay<br>[ ]   |                                |   |                  |  |
| f Employee's address and ZIP code   |                                     |                           |                          |                         | 14 Other                  |  |                                |   |                  |  |
|   | Employer's state ID<br>362170136-00 | 1 ,                       |                          | 17 State incom          | ne tax<br>41.93           | 18 Local wages, tips, etc  | c. 19 Local incom              | e tax                                   | 20 Locality name |  |

Form W-2 Wage and Tax Statement