

|  |                                   |   |                            |  |                            |                                      |  |                                       |  |
|--|-----------------------------------|---|----------------------------|--|----------------------------|--------------------------------------|--|---------------------------------------|--|
|  |                                   | <b>a Employee's social security number</b><br>*****9618 |                            | 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>75-6002622  |                                   | <b>1 Wages, tips, other compensation</b><br>4541.25     |                            | <b>2 Federal income tax withheld</b><br>135.79   |                            |                                      |  |                                       |  |
| <b>c Employer's name, address, and ZIP code</b><br>TEXAS TECH UNIVERSITY SYSTEM<br>Box 41092<br>Lubbock TX 79409 |                                   | <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>14493   |                                   | <b>9</b>  |                            | <b>10 Dependent care benefits</b>  |                            |                                      |  |                                       |  |
| <b>e Employee's first name and initial</b><br>Sravani  |                                   | <b>Last name</b><br>Manduva                             |                            | <b>Suff.</b>   |                            | <b>11 Nonqualified plans</b><br>0.00 |  | <b>12 See Instructions for box 12</b> |  |
| 1107 Meadow Creek Dr Apt 212<br>Irving TX 75038-8290   |                                   | <b>13 Statutory employee</b><br>[ ]                     |                            | <b>Retirement plan</b><br>[ ]  |                            | <b>Third-party sick pay</b><br>[ ]   |  |                                       |  |
| <b>f Employee's address and ZIP code</b>   |                                   | <b>14 Other</b>   |                            |  |                            |                                      |  |                                       |  |
| <b>15 State</b>  | <b>Employer's state ID number</b> | <b>16 State wages, tips, etc.</b>                       | <b>17 State income tax</b> | <b>18 Local wages, tips, etc.</b>  | <b>19 Local income tax</b> | <b>20 Locality name</b>              |  |                                       |  |