| | a Emp numbe 114-19 | == | OMB No. 1545 | 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) 23-1352630 | | | | 1 Wages, tips, other compensation 2005.00 2 Federal income tax with | held 23.19 |
| c Employer's name, address, and ZIP code Drexel University PAYROLL DEPARTMENT | | | | 3 Social security wages 4 Social security tax withheld | d |
| 3201 ARCH ST STE 430 Philadelphia PA 19104 | | | | 5 Medicare wages and tips 6 Medicare tax withheld | |
| | | | | 7 Social security tips 8 Allocated tips | |
| d Control n 4394 | umber | | | 9 10 Dependent care benefits | |
| e Employee's first name and initial Last name Saisha R Hemrajani | | Suff. | 11 Nonqualified plans 12 See Instructions for box 1 | 12 | |
| 8006 Cloverwood Ct Gaithersburg MD 20879-5368 | | | | 13 Statutory Retirement Third-party employee plan sick pay [] [] [] | |
| f Employee's address and ZIP code | | | | 14 Other | |
| | Employer's state ID numbe 11611977 | | etc. 2005.00 17 State i | income tax 61.56 18 Local wages, tips, etc. 19 Local income tax 20 Locality r PhilaR | name |

Form W-2 Wage and Tax Statement