

Form **W-2** Wage and Tax Statement 38-2099803 **2023**

Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

c Employer's name, address, and ZIP code Old Dominion University Hampton Boulevard Norfolk VA 23529		7 Social security tips		1 Wages, tips, other compensation 67917.10		2 Federal income tax withheld 4386.05	
8 Allocated tips		9		3 Social security wages 71504.74		4 Social security tax withheld 4433.29	
5 Medicare wages and tips 71504.74		6 Medicare tax withheld 1036.82		10 Dependent care benefits		11 Nonqualified plans	
12a Code See instructions for box 12 C   67.62		12b Code DD   3160.00		12c Code		13 Statutory empl. Retirement plan <input checked="" type="checkbox"/> Third-party sick pay	
e Employee's name, address, and ZIP code HEMA MUNUKOTI 534 ELDRIDGE LN CHESAPEAKE VA 23323		12d Code		a Employee's social security number 197-47-7285		b Employer ID Number (EIN) 54-6000884	
15 State Employer's state ID number VA 0020063092		16 State wages, tips, etc. 67917.10		17 State income tax 3134.20		18 Local wages, tips, etc.	
				19 Local income tax		20 Locality name	

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Copy C - For EMPLOYEE'S RECORDS Return (See Notice to Employee on the back of Copy B.)

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Form **W-2** Wage and Tax Statement 38-2099803 **2023**

Copy 2 - To Be Filed With Employee's State, City or Local Income Tax Return

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