Form W-2 Wage and Tax Statemen	it 2023	7 Social security tips	1 Wages, tips, other comp. 44624.88	2 Federal income tax withheld 5167.92	
c Employer's name, address, and ZIP code TRUSTEES OF TUFTS COLLEGE 200 BOSTON AVENUE MEDFORD MA 02155 e Employee's name, address, and ZIP code Suff. ROSHNI GONDANE 8 GRAFTON STREET APT. 509 WORCHESTER MA 14209		8 Allocated tips	3 Social security wages 44624.88	4 Social security tax withheld 2766.74 6 Medicare tax withheld	
		9	5 Medicare wages and tips 44624.88		
		10 Dependent care benefits	11 Nonqualified plans		
		13 Statutory employee Petirement plan Third-party sickpay b Employer identification number (EIN 04-2103634 a Employee's social security no. 703-26-6350	14 Other		
15 State Employer's state ID no. MA 042-103-634*09*	16 State wages, tips, etc. 44624.88		cal wages, tips, etc. 19 Local inc	20 Locality name	
Copy B To Be Filed With Employee's FEDERAL	Tax Return	This information is being furnished to the OI	B Internal Revenue Service. MB No. 1545-0008	Dept. of the Treasury - IRS Visit the IRS Web Site at www.irs.gov/efile	
		1	negligence penalty or other sanction may be impose	ed on you if this income is taxable and you fail to report it	
		7 Social security tips	1 Wages tins other comp	2 Federal income tax withheld	

		7 Social security tips	1 Wages, tips, other comp		2 Federal Incom		
Form W-2 Wage and Tax Statement	: 2023		44	624.88		5167.92	
c Employer's name, address, and ZIP code		8 Allocated tips	3 Social security wages		4 Social security		
TRUSTEES OF TUFTS COLLEGE			44	624.88		2766.74	
200 BOSTON AVENUE		9	5 Medicare wages and tip		6 Medicare tax		
MEDFORD MA 02155			44	44624.88		647.06	
MEDFORD MA 02155		10 Dependent care benefits	11 Nonqualified plans	11 Nonqualified plans		12a See instructions for box 12	
					i DD	9936.96	
e Employee's name, address, and ZIP code	Suff.	13 Statutory Retirement Third-p employee plan Sick page	y 14 Other		_12b		
ROSHNI GONDANE		~			0 0 de		
8 GRAFTON STREET		b Employer identification number	r (EIN)		_12c		
		04-2103634			0 0 de		
APT. 509		a Employee's social security no.			_12d		
WORCHESTER MA 14209		703-26-6350			Dode		
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax 1	8 Local wages, tips, etc.	19 Local inco	ome tax	20 Locality name	
MA 042-103-634*09*	44624.88	2131.20					
Copy C For EMPLOYEE'S RECORDS (See Notice	to Employee on back of Co	ору В.)	OMB No. 1545-0008		Dept. of t	he Treasury - IRS	

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

OMB No. 1545-0008

Form W-2 Wage and Tax Statement	t 2023	7 Social security tips	1 Wages, tips, other co	^{mp.} 14624.88		ome tax withheld 5167.92	
c Employer's name, address, and ZIP code		8 Allocated tips	3 Social security wages	3 Social security wages		4 Social security tax withheld	
TRUSTEES OF TUFTS COLLEGE				44624.88		2766.74	
200 BOSTON AVENUE		9	5 Medicare wages and tips		6 Medicare tax withheld		
MEDFORD MA 02155				44624.88		647.06	
		10 Dependent care benefits	11 Nonqualified plans	11 Nonqualified plans			
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e Employee's name, address, and ZIP code	Su	Iff. 13 Statutory Retirement Third- employee plan sick pa	ay 14 Other		12b		
ROSHNI GONDANE		· ·			o d e		
8 GRAFTON STREET		b Employer identification number	er (EIN)		12c		
APT. 509		04-2103634			de l		
AP1. 509		a Employee's social security no			12d		
WORCHESTER MA 14209		703-26-6350			d e		
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local inc	ome tax	20 Locality name	
MA 042-103-634*09*	44624.8	38 2131.20					
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		7 Social security tips	1 Wages, tips, other corr	ıp.	2 Federal inco	ome tax withheld	
Form W-2 Wage and Tax Statemen	t 2023		4	4624.88		5167.92	
c Employer's name, address, and ZIP code TRUSTEES OF TUFTS COLLEGE 200 BOSTON AVENUE		8 Allocated tips	3 Social security wages	3 Social security wages		4 Social security tax withheld	
			4	4624.88		2766.74	
		9	5 Medicare wages and ti	5 Medicare wages and tips		6 Medicare tax withheld	
MEDFORD MA 02155			4	4624.88		647.06	
MEDFORD MA 02155		10 Dependent care benefits	11 Nonqualified plans		12a		
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e Employee's name, address, and ZIP code	Suff.	13 Statutory Retirement Third- employee plan sick pa	ay 14 Other		12b		
ROSHNI GONDANE		· ·			ode		
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O GRAFION SIREEI		04-2103634			Code		
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15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax 1	18 Local wages, tips, etc.	19 Local inco	me tax	20 Locality name	
MA 042-103-634*09*	44624.88	2131.20					
Copy 2 To Be Filed With Employee's State, City	, or Local income Tax Return	L87	OMB No. 1545-0008	5206	Dept. c	of the Treasury - IRS	

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