

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

c Employer's name, address, and ZIP code

UNIVERSITY OF MINNESOTA
319 15TH AVE SE
B20 DONHOWE BUILDING
MINNEAPOLIS MN 55455-0103

e Employee's name, address, and ZIP code

SHASHANK MAGDI
800 4TH ST SE
APT 301
MINNEAPOLIS MN 55414-1938

7 Social security tips	1 Wages, tips, other comp. 21116.55	2 Federal income tax withheld 2285.46
8 Allocated tips	3 Social security wages	4 Social security tax withheld
9	5 Medicare wages and tips	6 Medicare tax withheld
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b
b Employer identification number (EIN) 41-6007513		12c
a Employee's social security no. 404-97-1828		12d
15 State Employer's state ID no. MN 8029894	16 State wages, tips, etc. 21116.55	17 State income tax 678.01
	18 Local wages, tips, etc.	19 Local income tax
		20 Locality name

Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.
OMB No. 1545-0008

Dept. of the Treasury - IRS
Visit the IRS Web Site at www.irs.gov/efile

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.

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

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

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