orm W-2 Wag	ge and Tax Statement 2023	OMB No. 1545-0	0008		Department of the Treasury - Internal Revenue Service					
Control number				Employer identificat	tion number	COPY B To Be Filed With Employee's FEDERAL Tax Return				
586061600 Employer's name, address and zip code				14-1368361 Employee's SSN		1 Wages, tips, other compensation			2 Federal income tax withheld	
The Research Foundation for SUNY				XXX-XX-8964		5400.00			60.57	
	e Street	ſ	7 Social security tip	os	3 Social secu	irity wages		4 Social security tax withheld		
	NY 12201-0009	}	8 Allocated tips		5 Medicare wages and tips			6 Medicare tax withheld		
Employee's first name and init Last Name Suffix Achisha Saikia				9		10 Dependent care benefits			11 Nonqualified plans	
2222 Medical District Drive				12a					14 Other	
Apartmen	nt 1205		,		13 Statutory Employee		1 1 1	NY SDI 24.57		
Dallas TX 75235				12b		Retirement Plan  Third-party sick pay				
Employee'	's address and ZIP code			12d					Tana p	
15 State NY	Employer's State ID number 14-1368361	16 State wages, tips etc. 5400.00		tate income tax 113.58	18 Local wages,	tips etc.	19 Local inco	ome tax	20 Locality name	
his information is	s being furnished to the Internal Revenue	Service								
		OMB No. 1545-	0000				Department	of the Trees	surv - Internal Revenue Service	
Form W-2 Wag	ge and Tax Statement 2023	5-0008 T	Employer identifica	tion number	Department of the Treasury - Internal Revenue Service  COPY C For Employee's Records (See Notice to Employee on back of					
586061600			14-1368361		Copy B)  1 Wages, tips, other compensation					
	s name, address and zip code		Employee's SSN XXX-XX-8964		1 Wages, tip 5400.00	ps, other compe	ensation	2 Federal income tax withheld 60.57		
PO Box		ŀ	7 Social security tip	ps	3 Social secu	urity wages		4 Social security tax withheld		
	e Street NY 12201-0009				5 Modi-	wages and el-		6 Medicare tax withheld		
			8 Allocated tips			wages and tips				
Employee' Achisha	s first name and init Last Name Saikia		9		10 Depende	ent care benefits	s	11 Nonqualified plans		
2222 Medical District Drive				12a		12 84.4.	, Employ-		14 Other	
Apartment 1205 Dallas TX 75235						13 Statutory Employee			NY SDI 24.57	
hairas IV 1959				12b		Retireme	Retirement Plan			
				12c			Third-party sick pay			
Employee's address and ZIP code				12d	1				20 Locality same	
15 State NY	ate Employer's State ID number 16 State wages, tips etc. 5400.00		17 S	State income tax 18 Local wages		, tips etc.	19 Local inc	ome tax	20 Locality name	
	<del> </del>		+		<del>                                     </del>		<del>                                     </del>	- 44		
This information i	is being furnished to the Internal Revenue	e Service. If you are required to file a	a tax retu	ırn, a negligence penalty	or other sanction may	be imposed on yo	ou if this income i	is taxable and	you fail to report it.	
	age and Tax Statement 2023	OMB No. 1545				Depart	tment of the Tre	easury - Int	ernal Revenue Service	
Control numb			Employer identifica	ation number	Copy 1 To Return	Be Filed With	Employee	's State, City, or Local Income Tax		
586061600	586061600				14-1368361 Employee's SSN		ips, other comp	ensation	2 Federal income tax withheld	
Employer's name, address and zip code The Research Foundation for SUNY PO Box 9 35 State Street				XXX-XX-8964		5400.00			60.57	
				7 Social security ti	ips	3 Social sec	curity wages		4 Social security tax withheld	
	NY 12201-0009		8 Allocated tips		5 Medicare wages and tips			6 Medicare tax withheld		
E1	e's first name and init Last Name	Suffix	-		2 7 OE MAN				11 Nonqualified plans	
Employee Achisha		-	9		10 Dependent care benefits  13 Statutory Employee					
2222 M€	edical District Drive		12a					14 Other		
Apartment 1205 Dallas TX 75235				12b	1	- I			NY SDI 24.57	
		,		12c	<u> </u>	Retirem	ent Plan			
_		and the second		12d	·	Third-pa	irty sick pay			
Employee 15 State	e's address and ZIP code  Employer's State ID number	16 State wages, tips etc.	175	State income tax	18 Local wages	i, tips etc.	19 Local inc	come tax	20 Locality name	
NY NY	14-1368361	5400.00	<u> </u>	113.58			<u> </u>			
		,	$\bot$					<del></del>	1	
This information	is being furnished to the Internal Revenu	ie Service								
	age and Tax Statement 2023	OMB No. 154	15-0008				Department	t of the Tre	asury - Internal Revenue Service	
Control number 586061600				Employer identification 14-1368361	on number	i ·	Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return			
Employer's name, address and zip code				Employee's SSN		1 Wages, tips, other compensation 5400.00			2 Federal income tax withheld 60.57	
The Re	The Research Foundation for SUNY PO Box 9				XXX-XX-8964 7 Social security tips		curity wages	4 Social security tax withheld		
35 State Street										
Albany	Albany NY 12201-0009				8 Allocated tips		e wages and tip	os	6 Medicare tax withheld	
Employee's first name and init Last Name Suffix				9		10 Depend	dent care benef	its	11 Nonqualified plans	
Achisha Saikia									14 Other	
Apartm	Medical District Drive ment 1205		12a		13 Statutory Employee			14 Other NY SDI 24.57		
	TX 75235			12b	1	1	Dl			
1				1		Retiren	nent Plan			
				12c	1					
Employe	ee's address and ZIP code			12c			arty sick pay			
Employe 15 State NY		16 State wages, tips etc. 5400.00	17		18 Local wage	Third-pa			20 Locality name	