

Form W-2 Wage and Tax Statement 2023

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Control number 586061600		Employer identification number 14-1368361		COPY B To Be Filed With Employee's FEDERAL Tax Return			
Employer's name, address and zip code The Research Foundation for SUNY PO Box 9 35 State Street Albany NY 12201-0009		Employee's SSN XXX-XX-8964		1 Wages, tips, other compensation 5400.00	2 Federal income tax withheld 60.57		
		7 Social security tips		3 Social security wages		4 Social security tax withheld	
		8 Allocated tips		5 Medicare wages and tips		6 Medicare tax withheld	
Employee's first name and init Achisha Last Name Saikia Suffix 2222 Medical District Drive Apartment 1205 Dallas TX 75235  Employee's address and ZIP code		9		10 Dependent care benefits		11 Nonqualified plans	
		12a		13 Statutory Employee <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		14 Other NY SDI 24.57	
		12b					
		12c					
12d							
15 State NY	Employer's State ID number 14-1368361	16 State wages, tips etc. 5400.00	17 State income tax 113.58	18 Local wages, tips etc.	19 Local income tax	20 Locality name	

This information is being furnished to the Internal Revenue Service

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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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