

OMB No. 1545-0008

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.

2 Federal income tax withheld **b** Employer identification number (EIN) 1 Wages, tips, other compensation 3155.00 183.88 61-1730890 c Employer's name, address, and ZIP code 3 Social security wages 4 Social security tax withheld Oregon State University PO BOX 1086 6 Medicare tax withheld Corvallis OR 97339-1086 5 Medicare wages and tips 7 Social security tips 8 Allocated tips d Control number 10 Dependent care benefits 9184 11 Nonqualified plans 0.00 12 See Instructions for box 12 e Employee's first name and initial Suff. Last name Vishal Shanthi Kurre Third-party sick pay [] 13 Statutory Retirement employee 14 Other f Employee's address and ZIP code ORSTTW 3.15 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name 1645577-4 3155.00 213.81

Form W-2 Wage and Tax Statement

2023

Department of Treasury - Internal Revenue Service