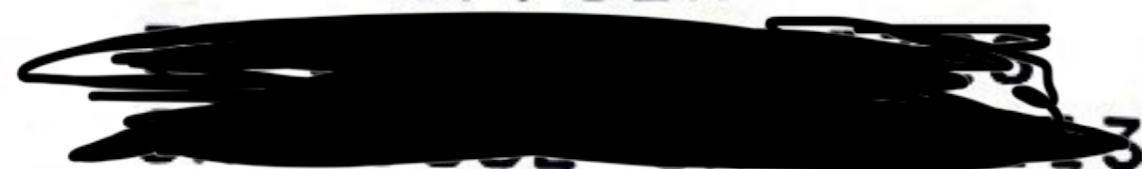


SAN JOSE STATE UNIVERSITY
 ONE WASHINGTON SQUARE
 UPD BUILDING, 3RD FLOOR
 SAN JOSE, CA 95192-0045

Important Tax Document Enclosed
 See reverse side for tax credit information

260 135
 H UPPULA



d Control number	1 Wages, tips, other compensation 7,536.75	2 Federal income tax withheld 154.89
OMB NO. 1545-0008 This information is being furnished to the Internal Revenue Service	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address and ZIP code STATE OF CALIFORNIA MALIA M. COHEN, CALIFORNIA STATE CONTROLLER P.O. BOX 942850 SACRAMENTO, CA 94250-5878		
7 Social security	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box
12b	12c	12d
b Employer identification number (EIN) 94-6001347		a Employee's social security number XXX-XX-XXXX
13 Statutory employee	Retirement plan	Third-party sick pay
14 Other		
e Employee's name, address and ZIP code H UPPULA 		
2023	15 State Employer's state ID No CA 80040397	16 State wages, tips, etc. 7,536.75
W-2 Wage and Tax Statement Copy 2 - To Be Filed With Employee's State, City or Local Income Tax Return	17 State income tax 15.37	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

Department of the Treasury—Internal Revenue Service

d Control number	1 Wages, tips, other compensation 7,536.75	2 Federal income tax withheld 154.89
OMB NO. 1545-0008 This information is being furnished to the Internal Revenue Service	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address and ZIP code STATE OF CALIFORNIA MALIA M. COHEN, CALIFORNIA STATE CONTROLLER P.O. BOX 942850 SACRAMENTO, CA 94250-5878		
7 Social security	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box
12b	12c	12d
b Employer identification number (EIN) 94-6001347		a Employee's social security number XXX-XX-XXXX
13 Statutory employee	Retirement plan	Third-party sick pay
14 Other		
e Employee's name, address and ZIP code H UPPULA 		
2023	15 State Employer's state ID No CA 80040397	16 State wages, tips, etc. 7,536.75
W-2 Wage and Tax Statement Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)	17 State income tax 15.37	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

Department of the Treasury—Internal Revenue Service

d Control number	1 Wages, tips, other compensation 7,536.75	2 Federal income tax withheld 154.89
OMB NO. 1545-0008 This information is being furnished to the Internal Revenue Service	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address and ZIP code STATE OF CALIFORNIA MALIA M. COHEN, CALIFORNIA STATE CONTROLLER P.O. BOX 942850 SACRAMENTO, CA 94250-5878		
7 Social security	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box
12b	12c	12d
b Employer identification number (EIN) 94-6001347		a Employee's social security number XXX-XX-XXXX
13 Statutory employee	Retirement plan	Third-party sick pay
14 Other		
e Employee's name, address and ZIP code H UPPULA 		
2023	15 State Employer's state ID No CA 80040397	16 State wages, tips, etc. 7,536.75
W-2 Wage and Tax Statement Copy B - To Be Filed With Employee's FEDERAL Tax Return	17 State income tax 15.37	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

Department of the Treasury—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.