

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

**c** Employer's name, address, and ZIP code  
 UNIVERSITY OF CALIFORNIA  
 14350-1 MERIDIAN PARKWAY  
 RIVERSIDE CA 92518

**e** Employee's name, address, and ZIP code  
 ARUSH MENDIRATTA  
 339 STANFORD COURT  
 IRVINE CA 92612

<b>7</b> Social security tips	<b>1</b> Wages, tips, other comp. 4497.43	<b>2</b> Federal income tax withheld
<b>8</b> Allocated tips	<b>3</b> Social security wages	<b>4</b> Social security tax withheld
<b>9</b>	<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld
<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12
<b>13</b> Statutory employee Retirement plan Third-party sick pay	<b>14</b> Other	<b>12b</b>
<b>b</b> Employer identification number (EIN) 94-3067788		<b>12c</b>
<b>a</b> Employee's social security no. 893-34-0904		<b>12d</b>
<b>15</b> State Employer's state ID no. CA 91029645	<b>16</b> State wages, tips, etc. 4497.43	<b>17</b> State income tax
		<b>18</b> Local wages, tips, etc.
		<b>19</b> Local income tax
		<b>20</b> Locality name

**Copy B To Be Filed With Employee's FEDERAL Tax Return** This information is being furnished to the Internal Revenue Service. **Dept. of the Treasury - IRS**  
 OMB No. 1545-0008 Visit the IRS Web Site at [www.irs.gov/efile](http://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.)** OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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**Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return** OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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