

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  
 ARUN ASHOKAN  
 458 RICE COURT  
 MERCED CA 95348

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CA	91029645	50720.22	1700.69			

**Copy B To Be Filed With Employee's FEDERAL Tax Return** This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 **Dept. of the Treasury - IRS**  
 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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**Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return** L87 OMB No. 1545-0008 5206 **Dept. of the Treasury - IRS**

7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld
	50720.22	6856.99
8 Allocated tips	3 Social security wages	4 Social security tax withheld
9	5 Medicare wages and tips	6 Medicare tax withheld
	54832.66	795.07
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		DD 7233.38
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b
	DCP 4112.44	12c
b Employer identification number (EIN)		12d
94-3067788		
a Employee's social security no.		
268-73-4974		

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