		Employee's s ****9019	social security number	This information is being furnished to the li are required to file a tax return, a negligenc OMB No. 1545-0008 may be imposed on you if this income is ta				e penalty or other sanction		
b Employer identification number (EIN) 54-0836354					1 Wages, tips,	ges, tips, other compensation 15199.99			2 Federal income tax withheld 452.64	
c Employer's name, address, and ZIP code George Mason University 4400 University Drive					3 Social security wages			4 Social security tax withheld		
Fairfax VA 22030					Medicare wages and tips     Social security tips			6 Medicare tax withheld		
								8 Allocated tips		
d Control number 1628					9			10 Dependent care benefits		
e Employee's first name and initial Shrushitha		Last name Bodanam	Suff.	11 Nonqualified plans		0.00	12 See Instructions for box 12			
4400 University Dr C/O Student Accounts 2E2 Fairfax VA 22030-4422				13 Statutory employee	Retirement plan []	Third-party sick pay []				
f Employee's address and ZIP code					14 Other					
1	Employer's state ID no 0011036023	umber	<b>16</b> State wages, tips, etc. 15199.99	17 State incon	ne tax 319.77	18 Local wages, tips, etc.	. 19 Local incom	e tax	20 Locality name	

Form W-2 Wage and Tax Statement