Form W-2 Wage and Tax Statement 2023		7 Social security tips	1 Wages, tips, other comp. 2528.57	2 Federal income tax withheld		
c Employer's name, address, and ZIP code		8 Allocated tips	3 Social security wages	4 Social security tax withheld		
KENNESAW STATE UNIVERSITY 1000 CHASTAIN ROAD		9	5 Medicare wages and tips	6 Medicare tax withheld		
KENNESAW GA 30144-5591		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12		
e Employee's name, address, and ZIP code	Suff.	13 Statutory Retirement Third-party plan Sick pay	14 Other	12b		
PRADEEP REKAPALLI 4840 SHILOH SPRINGS RD		b Employer identification number (EIN) 58-0965786		12c G		
CUMMING GA 30040		a Employee's social security no. 184-97-8715		12d 6 9 9 9 9 9 9 9 9 9 9 9 9 9		
15 State Employer's state ID no. 16 State wages, tips, etc GA 5651984PZ 252	8.57	17 State income tax 18 Loc 13.00	al wages, tips, etc. 19 Local inc	come tax 20 Locality name		
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 Visit the IRS Web Site at www.irs.gov/efile						
			This information is being furnished to the Internal Re	wenue Service. If you are required to file a tax return, a ed on you if this income is taxable and you fail to report it		
Form W-2 Wage and Tax Statement 2023		7 Social security tips	1 Wages, tips, other comp. 2528.57	2 Federal income tax withheld		
c Employer's name, address, and ZIP code		8 Allocated tips	3 Social security wages	4 Social security tax withheld		
KENNESAW STATE UNIVERSITY						
1000 CHASTAIN ROAD		9	5 Medicare wages and tips	6 Medicare tax withheld		
KENNESAW GA 30144-5591		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12		
e Employee's name, address, and ZIP code PRADEEP REKAPALLI	Suff.	13 Statutory Retirement Third-party plan Sick pay	14 Other	^r ² ² ²		
4840 SHILOH SPRINGS RD		b Employer identification number (EIN) 58-0965786				
CUMMING GA 30040		a Employee's social security no. 184-97-8715	-	12d		
15 Employer's state ID no. 16 State wages, tips, etc GA 5651984PZ 252	8.57	17 State income tax 18 Loc 13.00	al wages, tips, etc. 19 Local inc	come tax 20 Locality name		

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

OMB No. 1545-0008

Form W-2 Wage and Tax Statement	2023	7 Social security tips	1 Wages, tips, other comp. 2528.5	2 Federal income tax withheld
c Employer's name, address, and ZIP code KENNESAW STATE UNIVERSITY		8 Allocated tips	3 Social security wages	4 Social security tax withheld
1000 CHASTAIN ROAD		9	5 Medicare wages and tips	6 Medicare tax withheld
KENNESAW GA 30144-5591		10 Dependent care benefits	11 Nonqualified plans	12a
e Employee's name, address, and ZIP code PRADEEP REKAPALLI	Suff.	13 Statutory Retirement Third-party plan sick pay	⁷ 14 Other	12b
4840 SHILOH SPRINGS RD		b Employer identification number (E $58-0965786$	EIN)	12c
CUMMING GA 30040		a Employee's social security no. 184-97-8715		12d
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15 State Employer's state ID no. GA 5651984PZ	16 State wages, tips, etc. 2528.57	17 State income tax 18 1 13.00	Local wages, tips, etc. 19 Local ir	20 Locality name

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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Form W-2 Wage and Tax Statement	: 2023		7 Social security tips		1 Wages, tips, other com	пр. 2528.57		ome tax withheld
c Employer's name, address, and ZIP code KENNESAW STATE UNIVERSITY		8 Allocated tips		3 Social security wages		4 Social security tax withheld		
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KENNESAW GA 30144-5591			10 Dependent care benefits		11 Nonqualified plans		12a	
e Employee's name, address, and ZIP code		Suff.	13 Statutory Retirement T employee plan si	hird-party ick pay	14 Other		12b	
PRADEEP REKAPALLI 4840 SHILOH SPRINGS RD			b Employer identification num 58-0965786	mber (EIN)	-		12c	
CUMMING GA 30040		a Employee's social security no. 184-97-8715				12d		
15 State Employer's state ID no. GA 5651984PZ	16 State wages, tips, etc. 2528	8.57	17 State income tax 13.0		cal wages, tips, etc.	19 Local inc	ome tax	20 Locality name
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							of the Treasury - IRS	