|   | a Employee's social security<br>number<br>443-65-6821 | OMB No. 1545                  | This information is being furnished to the<br>are required to file a tax return, a neglig<br>5-0008 may be imposed on you if this income is | ence penalty or other sanction          |
|---|---|-------------------------------|---|---|
| <b>b</b> Employer identification num<br>71-6000556  | nber (EIN)  |                               | 1 Wages, tips, other compensation<br>4500.  | <b>2 Federal income tax withheld</b>    |
| c Employer's name, address, and ZIP code<br>Arkansas State Univ-Jonesboro<br>PO Box 1500<br>State University AR 72467 |   |                               | 3 Social security wages   | 4 Social security tax withheld          |
|   |   |                               | 5 Medicare wages and tips   | 6 Medicare tax withheld                 |
|   |   |                               | 7 Social security tips  | 8 Allocated tips                        |
| <b>d</b> Control number<br>3295   |   |                               | 9   | <b>10</b> Dependent care benefits       |
| e Employee's first name and Srinivasareddy  | initial Last name<br>Venna                            | Suff.                         | 11 Nonqualified plans   | <b>12</b> See Instructions for box 12   |
| PO Box 1447<br>State University AR 72467-1447   |   |                               | 13 Statutory Retirement Third-party   employee plan sick pay   [ ] [ ] [ ]  | -                                       |
| f Employee's address and ZIP code   |   |                               | 14 Other  | ]                                       |
| <b>15</b> StateEmployer's state IAR716000556  |   | c. <b>17</b> State i<br>00.00 | income tax 18 Local wages, tips, etc. 19 L<br>16.47   | ocal income tax <b>20</b> Locality name |

Form W-2 Wage and Tax Statement

2023

Department of Treasury - Internal Revenue Service