

a Employee's social security number 061-79-1777		b Employer identification number (EIN) 36-4776757		Copy B To Be Filed With Employee's FEDERAL Tax Return				OMB No. 1545-0008					
c Employer's name, address, and ZIP code Portland State University P O BOX 751 1600 SW 4TH AVE, SUITE 518 Portland OR 97207-0751				1 Wages, tips, other compensation 7,967.72		2 Federal income tax withheld 306.93							
				3 Social security wages 0.00		4 Social security tax withheld 0.00							
				5 Medicare wages and tips 0.00		6 Medicare tax withheld 0.00							
				7 Social security tips		8 Allocated tips		9 Verification Code					
				10 Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12					
d Control number 5296				13 Statutory employee		Retirement plan		Third-party sick pay		12b			
e Employee's name, address, and zip code Neethu Padmanabharaju APT 606 1604 SW CLAY ST PORTLAND OR 97201-8515				14 Other						12c			
				ORSTTW 7.97						12d			
				Other 23.82									
15 State OR		Employer's state ID Number 1645580-9		16 State wages, tips, etc. 7,967.72		17 State income tax 457.12		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2 Wage and Tax Statement** 2023 Department of the Treasury - Internal Revenue Service
This information is being furnished to the Internal Revenue Service.

a Employee's social security number 061-79-1777		b Employer identification number (EIN) 36-4776757		Copy 1 To Be Filed With Employee's State, City, or Local Tax Return				OMB No. 1545-0008					
c Employer's name, address, and ZIP code Portland State University P O BOX 751 1600 SW 4TH AVE, SUITE 518 Portland OR 97207-0751				1 Wages, tips, other compensation 7,967.72		2 Federal income tax withheld 306.93							
				3 Social security wages 0.00		4 Social security tax withheld 0.00							
				5 Medicare wages and tips 0.00		6 Medicare tax withheld 0.00							
				7 Social security tips		8 Allocated tips		9 Verification Code					
				10 Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12					
d Control number 5296				13 Statutory employee		Retirement plan		Third-party sick pay		12b			
e Employee's name, address, and zip code Neethu Padmanabharaju APT 606 1604 SW CLAY ST PORTLAND OR 97201-8515				14 Other						12c			
				ORSTTW 7.97						12d			
				Other 23.82									
15 State OR		Employer's state ID Number 1645580-9		16 State wages, tips, etc. 7,967.72		17 State income tax 457.12		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2 Wage and Tax Statement** 2023 Department of the Treasury - Internal Revenue Service
This information is being furnished to State and Local Revenue Agencies.

a Employee's social security number 061-79-1777		b Employer identification number (EIN) 36-4776757		Copy C for EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)				OMB No. 1545-0008					
c Employer's name, address, and ZIP code Portland State University P O BOX 751 1600 SW 4TH AVE, SUITE 518 Portland OR 97207-0751				1 Wages, tips, other compensation 7,967.72		2 Federal income tax withheld 306.93							
				3 Social security wages 0.00		4 Social security tax withheld 0.00							
				5 Medicare wages and tips 0.00		6 Medicare tax withheld 0.00							
				7 Social security tips		8 Allocated tips		9 Verification Code					
				10 Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12					
d Control number 5296				13 Statutory employee		Retirement plan		Third-party sick pay		12b			
e Employee's name, address, and zip code Neethu Padmanabharaju APT 606 1604 SW CLAY ST PORTLAND OR 97201-8515				14 Other						12c			
				ORSTTW 7.97						12d			
				Other 23.82									
15 State OR		Employer's state ID Number 1645580-9		16 State wages, tips, etc. 7,967.72		17 State income tax 457.12		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2 Wage and Tax Statement** 2023 Department of the Treasury - Internal Revenue Service