		nployee's social security number -42-4755 OMB No		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.				
b Employer identification number (EIN) 36-4776757				1 Wages, tips,	other compensation	6187.03	2 Federal income tax withheld	120.56
c Employer's name, address, and ZIP code Portland State University P O BOX 751				3 Social secur	ity wages	3604.07	4 Social security tax withheld	223.45
1600 SW 4TH AVE, SUITE 518 Portland OR 97207-0751			5 Medicare wa	ages and tips	3604.07	6 Medicare tax withheld	52.26	
				7 Social secur	ity tips		8 Allocated tips	
d Control number 4110				9			10 Dependent care benefits	
e Employee's first name and initial Last name SaiNikhil Reddy Lokasani		Suff.	11 Nonqualified plans 0.		0.00	12 See Instructions for box 12		
APT 113 1604 SW CLAY ST PORTLAND OR 97201-8502				13 Statutory employee	Retirement plan []	Third-party sick pay []		
f Employee's address and ZIP code				14 Other ORSTTW Other		6.18 24.45		
15 State OR	Employer's state ID num 1645580-9	ber 16 State wages, tips, etc. 6187.03	17 State incom	ne tax 398.38	18 Local wages, tips, etc.	19 Local incom	e tax 20 Locality name	