	nu	Employee's social security mber ***3154	OMB No. 1545	This information is being furnished to the Internal F are required to file a tax return, a negligence penal OMB No. 1545-0008 may be imposed on you if this income is taxable an			
<b>b</b> Employer identification number (EIN) 31-6402079				1 Wages, tips,	, other comp	2 Federal income tax withheld 260.34	
c Employer's name, address, and ZIP code Kent State University PO Box 5190 Kent OH 44242				3 Social security wages			4 Social security tax withheld
				5 Medicare wages and tips			6 Medicare tax withheld
				<b>7</b> Social securit	y tips		8 Allocated tips
d Control number 320				9 Verification code			10 Dependent care benefits
e Employee's first name and initial Last name Suff. Shoeb Mohammad			Suff.	11 Nonqualified plans			12 See Instructions for box 12
5-8-77/3/B, Ansari Colony Nalgonda 508001 India				<b>13</b> Statutory employee	Retirement plan [ X ]	Third-party sick pay [ ]	
f Employee's address and ZIP code				14 Other			
	Employer's state ID no 511644296	ımber <b>16</b> State wages, tip:	s, etc. 6411.06	ncome tax 42.45	Local wages, t	tips, etc. <b>19</b> Lo	cal income tax 20 Locality name 148.30 KENT

Form W-2 Wage and Tax Statement