	a Employee's social security n ***-**-9868	umber OMB No. 154	5-0008	Safe, accurate, FAST! Use	~ file	Visit the IRS website www.irs.gov/efile
b Employer identification numb				ges, tips, other compensation		eral income tax withheld
41-1687554				6618.	75	277.
c Employer's name, address, a	nd ZIP code		3 Soc	cial security wages	4 Soc	ial security tax withheld
MINNESOTA STATE COLLI ST CLOUD STATE UNIVER 720 4TH AVE SOUTH AS 122 BUSINESS OFFICE			5 Me	dicare wages and tips	6 Mec	licare tax withheld
ST. CLOUD MN 56301-4498			7 Soc	cial security tips	8 Allo	cated tips
d Control number			9 Ver	ification code	10 Dep	endent care benefits
e Employee's first name and ini	tial Last name	Suff	11 No	nqualified plans	12a See	e instructions for box 12
ROHIT BOKIL					o d e	
12810 PRIMROSE LANE APT 103 EDEN PRAIRIE MN 55344			13 Stati emp	utory Retirement Third-part loyee plan sick pay	y 12b	
			14 Oth	er	12c C d e	
					12d	
f Employee's address and ZIP of		1		1		
15 State Employer's state ID r		,		18 Local wages, tips, etc.	19 Local in	come tax 20 Locality na
MN 174699	9 6	618.75	216.09			

Form W-2 Wage and Tax Statement

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Department of the Treasury-Internal Revenue Service

Department of the Treasury--Internal Revenue Service 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.

This copy can be used as:

Copy B To be filed with the Employee's FEDERAL Tax Return **Copy C** for EMPLOYEE'S RECORDS. (See Notice to Employee) **Copy 2** To be filed with the Employee's State, City or Local Tax Return