1 01111 11 2 114	age and Tax Statement 2023	OMB No. 1545	-0008			Depart	ment of the Treasury - In	ternal Revenue Service
Control number 586047764 Employer's name, address and zip code The Research Foundation for SUNY PO Box 9 35 State Street Albany NY 12201-0009 Employee's first name and init Last Name Annajirao Challa 123 Bateman St., Unit 2 Salisbury MD 21804				Employer identifica	ation number	COPY B T	o Be Filed With Employ	ee's FEDERAL Tax Return
				14-1368361 Employee's SSN		1 Wagas time ather compansation		2. Endowel income toy withhold
				XXX-XX-1823 7 Social security tips 8 Allocated tips		Wages, tips, other compensation 13009.41 Social security wages Medicare wages and tips Dependent care benefits		2 Federal income tax withheld 620.13
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								11 Nonqualified plans
				12a DD 1924.92		13 Statutory Employee		14 Other NY SDI 60.29
				12b	1	Retireme	ent Plan	W1 3D1 00.29
				12c	T	Kentenk	ant rian	
Employee	e's address and ZIP code			12d	<u>.</u> T	Third-par	rty sick pay	
15 State	Employer's State ID number	16 State wages, tips etc.	179	State income tax	18 Local wages,	tine ate	19 Local income tax	20 Locality name
NY	14-1368361	13009.41	1 '	429.80	16 Local wages,	ups etc.	19 Eocai income tax	20 Edeanty name
This information i	is being furnished to the Internal Revenu	e Service						
	age and Tax Statement 2023	OMB No. 1545	5-0008		at an armitian	CORVER		asury - Internal Revenue Service
Control number 586047764				Employer identification number 14-1368361		COPY C For Employee's Records (S Copy B)		See Notice to Employee on back of
Employer's name, address and zip code				Employee's SSN		1 Wages, tips, other compensation		2 Federal income tax withheld
The Res	search Foundation for SU	JNY		XXX-XX-1823		13009.41		620.13
	te Street			7 Social security ti	curity tips 3 Social security wages		urity wages	4 Social security tax withheld
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Emrel	e's first name and init Last Name	Suffix						
Annajir		Sumx		9		10 Dependent care benefits		11 Nonqualified plans
123 Bat	teman St., Unit 2			12a DD	1924.92			14 Other
	ury MD 21804			12a DD	1924.92	13 Statutory	y Employee	NY SDI 60.29
				12b	1	Retireme	ent Plan	
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Employee's address and ZIP code				12d	<u>.</u>	Third-par	rty sick pay	
15 State	Employer's State ID number	16 State wages, tips etc.	179	State income tax	18 Local wages,	tine etc	19 Local income tax	20 Locality name
NY	14-1368361	13009.41	''`	429.80	To Boota wages,	про сис.	19 Edear medine tax	20 Bocanty name
This information i	is being furnished to the Internal Revenu	e Service. If you are required to file	a tax ret	turn, a negligence penalty	or other sanction may	be imposed on yo	ou if this income is taxable and	d you fail to report it.
Form W-2 Wa	age and Tax Statement 2023	OMB No. 1545	-0008			Denart	ment of the Treasury - In	ternal Revenue Service
Control numb		Employer identification number Copy 1 To Be Filed With Employee's State, City, or Local Income Tax						
586047764				Employer identifica	ation number	Copy 1 To	Be Filed With Employee	e's State, City, or Local Income Tax
				14-1368361	ation number	Copy 1 To Return	Be Filed With Employed	e's State, City, or Local Income Tax
Employer	s's name, address and zip code	INY		14-1368361 Employee's SSN	ation number	Copy 1 To Return	Be Filed With Employee ps, other compensation	e's State, City, or Local Income Tax 2 Federal income tax withheld
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