Copy B o Be Filed W FEDEL AL Tax Return	2023 OMB No. 1545-0008			
a Employee's social security number	1 Wages, tips, other comp. 2216.52	2 Federal income tax withheld		
850-03-8254 b Employer ID number	3 Social security wages	4 Social security tax withheld		
95-6067343	5 Medicare wages and tips	6 Medicare tax withheld		
c Employer's name, addres University En 5500 Universi San Bernardin	terprises Corp. ty Pkwy	at CSUSB		
d Control Number N6228 204139				
e Employee's name, addre Preethi Victo 1660 Kendall San Bernardin	r Drive			
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans	12a Code		
13 Statutory employee	4 Other	12b Code		
Retirement plan		12c Code		
3rd party sick pay		12d Code		
CA 910-1240-1	2216.	. 52		
15 State Empir.'s state I.D. 18 Local wages, tips, etc.	# 16 State wages, tips, et 19 Local income tax 20	c. 17 State income tax) Locality name		
Form W-2 Wage and Tax St	atement	Dept. of the Treasury - IRS		

This information is being furnished to the Internal Revenue Service

Copy 1 To Be Filed With Employee's State, City, or Local Income Tax Return			2023 OMB No. 1545-0008			
a Employee's social	1 Wag	1 Wages, tips, other comp. 2 Federal income tax			me tax withheld	
security number		2216.52				
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95-6067343	5 Med	5 Medicare wages and tips 6 Medicare tax with			x withheld	
c Employer's name, addi University E 5500 Univers San Bernardi	nterp itv P	rises Corp kwv	. at	CSUSE	3	
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d Control Number N6228 204139			14			
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Preethi Vict 1660 Kendall San Bernardi	Driv					
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13 Statutory employee	14 Othe	r	12t	Code		
Retirement plan			120	Code		
3rd party sick pay			120	Code		
CA 910-1240-1		221	6.52			
15 State Empir.'s state I.I), #	16 State wages, tips	etc.	17 State in	ncome tax	
18 Local wages, tips, etc.	19 Loca	I income tax	20 Loc	ality name		
Form W-2 Wage and Tax	Statement			Dept. of the	Treasury - IRS	

Notice to Employee of a Employee's social	1 Wages, tips, other comp.	2023 OMB No. 1545-0008		
security number	2216.52			
850-03-8254	3 Social security wages	4 Social security tax withheld		
b Employer ID number				
95-6067343	5 Medicare wages and tips	6 Medicare tax withheld		
c Employers name, addre University Er 5500 Universi San Bernardir	terprises Corp.	at CSUSB		
d Control Number				
N6228 204139 e Employee's name, addre				
	or Drive			
e Employee's name, addre Preethi Victo 1660 Kendall	or Drive	9 Advance EIC payment		
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This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

1 Wages, tips, other comp. 2216.52

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

a Employee's social

security number		2216.5	2			
850-03-8254 b Employer ID number	3 Soc	ial security wages	4 S	ocial security tax withheld		
95-6067343	5 Med	licare wages and tips	6 N	6 Medicare tax withheld		
c Employers name, addres University En 5500 Universi San Bernardin	terp	rises Corp.	at	CSUSB		
d Control Number N6228 204139						
e Employee's name, addre Preethi Victo 1660 Kendall San Bernardin	r Driv	e				
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13 Statutory employee 14 Other		12b	12b Code			
Retirement plan				Code		
3rd party sick pay			12d	Code		
CA 910-1240-1 2216.		5.52				
15 State Empir.'s state I.D. 18 Local wages, tips, etc.				tc. 17 State income tax D Locality name		

Form W-2 Wage and Tax Statement

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2 Federal income tax withheld