| | | Employee's social security number **7956 | OMB No. 15 | a | 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) 37-0986220 | | | | 1 Wages, tips | ges, tips, other compensation 7596. | | 2 Federal income tax withheld 6.14 | | |
| c Employer's name, address, and ZIP code SOUTHERN IL UNIV EDWARDSVILLE CAMPUS BOX 1040 | | | | 3 Social security wages | | | 4 Social security tax withheld | | |
| Edwardsville IL 62026 | | | | 5 Medicare wages and tips 7 Social security tips | | | 6 Medicare tax withheld | | |
| | | | | | | | 8 Allocated tips | | |
| d Control number 2824 | | | 9 | | | 10 Dependent care benefits | | | |
| e Employee's first name and initial Last name Navya Mallela | | Suff. | 11 Nonqualifie | 11 Nonqualified plans | | | uctions for box 12 | | |
| 8 Devon Ct Edwardsville IL 62025-3906 | | | 13 Statutory Retirement Third-party employee plan sick pay [] [] [] | | | | | | |
| f Employee's address and ZIP code | | | | 14 Other | | | | | |
| 15 State IL | Employer's state ID nu 09217657000 | mber 16 State wages, tips, etc. 7596.19 | 17 State incor | ne tax 376.02 | 18 Local wages, tips, et | c. 19 Local incom | ie tax | 20 Locality name | |
| Form W | Form W-2 Wage and Tax Statement | | | 2023 | | | Department of Treasury - Internal Revenue Service | | |