

a Employee's SSN 699-72-3750		1 Wages, tips, other compensation 1874.83		2 Federal income tax withheld 10.39	
OMB No. 1545-0008		3 Social security wages		4 Social security tax withheld	
b Employer identification number 37-0661494		5 Medicare wages and tips		6 Medicare tax withheld	
c Employer's name, address, and ZIP code Bradley University 1501 WEST BRADLEY AVE VP BUSINESS AFFAIRS PEORIA IL 61625					
e Employee's first name and initial SRI HARI		Last name KANDIMALLA		Suff.	
1816 W CALLENDER AVENU PEORIA IL 61606					
f Employee's address and ZIP code					
d Control number		7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits		11 Nonqualified plans	
12a		14 Other			
12b					
12c					
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
16 State Employer's state ID number IL 37-0661494 000		16 State wages, tips, etc. 1874.83		17 State income tax 45.58	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2017** Department of the Treasury-Internal Revenue Service
Copy B - To Be Filed With Employee's FEDERAL Tax Return.

a Employee's SSN 699-72-3750		1 Wages, tips, other compensation 1874.83		2 Federal income tax withheld 10.39	
OMB No. 1545-0008		3 Social security wages		4 Social security tax withheld	
b Employer identification number 37-0661494		5 Medicare wages and tips		6 Medicare tax withheld	
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e Employee's first name and initial SRI HARI		Last name KANDIMALLA		Suff.	
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f Employee's address and ZIP code					
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9 Verification code		10 Dependent care benefits		11 Nonqualified plans	
12a		14 Other			
12b					
12c					
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13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
16 State Employer's state ID number IL 37-0661494 000		16 State wages, tips, etc. 1874.83		17 State income tax 45.58	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2017** Department of the Treasury-Internal Revenue Service
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

a Employee's SSN 699-72-3750		1 Wages, tips, other compensation 1874.83		2 Federal income tax withheld 10.39	
OMB No. 1545-0008		3 Social security wages		4 Social security tax withheld	
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16 State Employer's state ID number IL 37-0661494 000		16 State wages, tips, etc. 1874.83		17 State income tax 45.58	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2017** Copy C - For EMPLOYEE'S RECORDS.

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.

a Employee's SSN 699-72-3750		1 Wages, tips, other compensation 1874.83		2 Federal income tax withheld 10.39	
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18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2017** Department of the Treasury-Internal Revenue Service
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

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.