Form W-2 Wage and Tax Statement 2017	7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld
Form W-2 Wage and Tax Statement ピリレイ		320.00	7.58
c Employer's name, address, and ZIP code UNIVERSITY OF FLORIDA	8 Allocated tips	3 Social security wages	4 Social security tax withheld
SUITE 1250 EAST CAMPUS OFFICE BLDG	9 Verification code	5 Medicare wages and tips	6 Medicare tax withheld
P.O. BOX 113201	10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
GAINESVILLE FL 32611			C d
e Employee's name, address, and ZIP code	13 Statutory Plan Third-party sick pay	14 Other	12b
SANDEEP THOTA	b Employer identification number (EIN)	)	° 12c
2305 TALKING ROCK DR	59-6002052		C o d
CARY NC 27519-1864	a Employee's social security number		12d
CARI NC 2/319-1004	734-23-9700	4	o de
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax 18	Local wages, tips, etc. 19 Local	income tax 20 Locality name
Copy B-To Be Filed With Employee's FEDERAL Tax Return	This information is being furnished to the I	Internal Revenue Service. OMB No. 1545-0008	Dept. of the Treasury - IRS Visit the IRS website at www.irs.gov/efile

		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			
Form W-2 Wage and Tax Statemen	t 2017	7 Social security tips	1 Wages, tips, other compensation 320.00	2 Federal income tax withheld 7.58	
c Employer's name, address, and ZIP code UNIVERSITY OF FLORIDA	L.	8 Allocated tips	3 Social security wages	4 Social security tax withheld	
	FICE BLDG	9 Verification code	5 Medicare wages and tips	6 Medicare tax withheld	
P.O. BOX 113201 GAINESVILLE FL 32611		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12	
e Employee's name, address, and ZIP code SANDEEP THOTA		13 Statutory Retirement Third-party plan Sick pay b Employee identification number (EIN)	14 Other	12b	
2305 TALKING ROCK DR CARY NC 27519-1864		59-6002052 <b>a</b> Employee's social security number 734-23-9700	_	12d	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax 18 I	Local wages, tips, etc. 19 Local in	come tax 20 Locality name	
Copy C-For EMPLOYEE'S RECORDS (Se	e Notice to Employee of	n the back of Copy B.)	OMB No. 1545-0008	Dept. of the Treasury - IRS Visit the IRS website at www.irs.gov/efile.	

7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld 7.58
8 Allocated tips	3 Social security wages	4 Social security tax withheld
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13 Statutory Peterment Tind-party minor part Sick pay b Employee identification number (EIN) 59 – 6002052	14 Other	12b
a Employee's social security number 734-23-9700		in the second se
t. 17 State income tax 18 Lo	ocal wages, tips, etc. 19 Local in	come tax 20 Locality name
	8 Allocated tips     9 Verification code     10 Dependent care benefits     13 Statutov employee   Retirement plan   Third-party sick pay     b Employer identification number (EIN) 59-6002052     a Employee's social security number 734-23-9700	8 Allocated tips 3 Social security wages   9 Verification code 5 Medicare wages and tips   10 Dependent care benefits 11 Nonqualified plans   13 Statutory Plan Third-party sick pay   b Employer identification number (EIN) 59 - 6002052   a Employee's social security number 734 - 23 - 9700

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OMB No. 1545-0008

Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement	2017	7 Social security tips	1 Wages, tips, other compensation 320.0	
c Employer's name, address, and ZIP code UNIVERSITY OF FLORIDA SUITE 1250 EAST CAMPUS OFFICE BLDG P.O. BOX 113201 GAINESVILLE FL 32611		8 Allocated tips	3 Social security wages	4 Social security tax withheld
		9 Verification code	5 Medicare wages and tips	6 Medicare tax withheld
		<b>10</b> Dependent care benefits	11 Nonqualified plans	12a
e Employee's name, address, and ZIP code SANDEEP THOTA 2305 TALKING ROCK DR CARY NC 27519-1864		13 Statutory employee Patriement plan Third-par aick pay   b Employer identification number (ti 59-6002052   a Employee's social security number 734-23-9700		12b 0 12c 12c 12d 0 0 0 0 0 0 0 0 0 0 0 0 0
15 State Employer's state ID number 1	6 State wages, tips, etc.	17 State income tax 1	18 Local wages, tips, etc. 19 Loc	cal income tax 20 Locality name
Copy 2-To Be Filed With Employee's State,	City, or Local Incon	ne Tax Return	OMB No. 1545-0008	Dept. of the Treasury - IRS