| Form W-2 Wage and Tax Statement | 5016 | | 7 Social security tips | | 1 Wages, tips, other comp 23 | ensation 897.75 | 2 Federal | income | tax withheld 163.30 |
|--|----------------------------|------------------|--|---|--|---------------------------------------|--------------------------------------|------------|--|
| c Employer's name, address, and ZIP code UNIVERSITY OF SOUTH FLORIDA 4202 E FOWLER AVE | | | 8 Allocated tips | | 3 Social security wages | | 4 Social security tax withheld | | |
| | | | 9 | | 5 Medicare wages and tips | | 6 Medicare tax withheld | | |
| ALN147 TAMPA FL 33620 | | | 10 Dependent care benefits | | 11 Nonqualified plans | | 12a See i | nstructio | ons for box 12 |
| e Employee's name, address, and ZIP code | | | 13 Statutory employee plan Third-party sick pay | | 14 Other | | 12b | | |
| KIEFER MACKENZIE SIVITZ | | | b Employer identification number (EIN) 59-3102112 | | 1 | | 12c | | |
| 14016 TROUVILLE DRIVE TAMPA FL 33624 | | | a Employee's social security number 522-93-1046 | | 1 | | 12d | | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | | 17 State income tax | 18 Lo | cal wages, tips, etc. | 19 Local inc | come tax | | 20 Locality name |
| | | | | | | | | | |
| Copy B-To Be Filed With Employee's FED | ERAL Tax Return | | This information is being furnished | to the Inte | ernal Revenue Service. OMB No. 1545-0008 | | | | Treasury - IRS bsite at www.irs.gov/efile |
| | | | | This in | formation is being furnished to the ence penalty or other sanction may | Internal Revenue | Service. If yo | u are requ | uired to file a tax return, a |
| Form W-2 Wage and Tax Statement 2016 | | | 7 Social security tips | 1 Wages, tips, other compensation 2397.75 | | 2 Federal income tax withheld 163.30 | | | |
| c Employer's name, address, and ZIP code UNIVERSITY OF SOUTH FLORIDA 4202 E FOWLER AVE ALN147 TAMPA FL 33620 | | | 8 Allocated tips | | 3 Social security wages | | 4 Social security tax withheld | | |
| | | | 9 | | 5 Medicare wages and tips | | 6 Medicare tax withheld | | |
| | | | 10 Dependent care benefits | | 11 Nonqualified plans | | 12a See instructions for box 12 | | |
| | | | , | | | | 12b | | |
| e Employee's name, address, and ZIP code KIEFER MACKENZIE SIVITZ 14016 TROUVILLE DRIVE TAMPA FL 33624 | | | | | 14 Other | | C od e | | |
| | | | b Employer identification number (EIN) 59-3102112 a Employee's social security number 522-93-1046 | | | | 12c | | |
| | | | | | | | | | |
| 15 State Employer's state ID number | 16 State wages, tips, etc | | 17 State income tax | 18 Lo | cal wages, tips, etc. | 19 Local in | come tax | | 20 Locality name |
| Copy C-For EMPLOYEE'S RECORDS (See | Notice to Employ | ee on | the back of Conv B) | ON | //B No. 1545-0008 | | Dept. | of the | Treasury - IRS |
| 30p, 0 r or 2 20 r 22 0 r 22 0 r 20 c | Troube to Employ | oo o | 2dok 6. Gopy 2., | | | | | | bsite at www.irs.gov/efile |
| | | | | | | | | | |
| Form W-2 Wage and Tax Statement 2016 | | | 7 Social security tips | | 1 Wages, tips, other compensation 2397.75 | | 2 Federal income tax withheld 163.30 | | |
| © Employer's name, address, and ZIP code UNIVERSITY OF SOUTH FLORIDA 4202 E FOWLER AVE | | 8 Allocated tips | | 3 Social security wages | | 4 Social security tax withheld | | | |
| | | | 9 | | 5 Medicare wages and tips | | 6 Medicare tax withheld | | |
| ALN147 TAMPA FL 33620 e Employee's name, address, and ZIP code | | | 10 Dependent care benefits | | 11 Nonqualified plans | | 12a | | |
| | | | 13 Statutory Retirement Third-party sick pay | | 14 Other | | 12b | | |
| KIEFER MACKENZIE SIVITZ 14016 TROUVILLE DRIVE | | | b Employer identification number (EIN) 59-3102112 | | | | 12c | | |
| | | | | | | | C od d | | |
| TAMPA FL 33624 | | | a Employee's social security number 522-93-1046 | | | | 12d | | |
| 15 State Employer's state ID number | 16 State wages, tips, etc | | 17 State income tax | 18 Lo | cal wages, tips, etc. | 19 Local inc | come tax | | 20 Locality name |
| | | | | - | | | | | |
| Copy 2-To Be Filed With Employee's Stat | e, City, or Local I | ncome | Tax Return | ON | MB No. 1545-0008 | | Dept. | of the | Treasury - IRS |
| | | | | | | | | | |
| Form W-2 Wage and Tax Statement 2016 | | | 7 Social security tips | | 1 Wages, tips, other compensation | | 2 Federal income tax withheld 163.30 | | |
| c Employer's name, address, and ZIP code UNIVERSITY OF SOUTH FLORIDA 4202 E FOWLER AVE ALN147 TAMPA FL 33620 | | | 8 Allocated tips | | 2397.75 3 Social security wages | | 4 Social security tax withheld | | |
| | | | 9 | | 5 Medicare wages and tips | | 6 Medicar | e tax wit | thheld |
| | | | | | 11 Nonqualified plans | | 12a | | |
| | | | 10 Dependent care benefits | | | | C od e | | |
| e Employee's name, address, and ZIP code KIEFER MACKENZIE SIVITZ 14016 TROUVILLE DRIVE TAMPA FL 33624 | | | 13 Statutory employee Retirement plan Third-party sick pay | | 14 Other | | 12b | | |
| | | | b Employer identification number (EIN) 59-3102112 a Employee's social security number | | | | 12c | | |
| | | | | | | | 12d | | |
| | | | 522-93-1046 | | | | orde e | | |
| 15 State Employer's state ID number | 16 State wages, tips, etc | | 17 State income tax | 18 Lo | cal wages, tips, etc. | 19 Local inc | come tax | | 20 Locality name |
| | | | | t | | t | | | |