		a Employee's *****6324	social security number	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 OMB No. 1545-0008 may be imposed on you if this income is taxable and you fail to report it.					
b Employer identification number (EIN) 61-1730890					1 Wages, tips, other compensation 540.00			2 Federal income tax withheld	
c Employer's name, address, and ZIP code Oregon State University PO BOX 1086					3 Social security wages			4 Social security tax withheld	
Corvallis OR 97339-1086					5 Medicare wages and tips 7 Social security tips			6 Medicare tax withheld	
								8 Allocated tips	
d Control number 18484					9			10 Dependent care benefits	
e Employee's first name and initial Nicole		Last name Yarbrough	Suff.	11 Nonqualified plans 0.			12 See Instructions for box 12		
15218 NW Manresa Ct Portland OR 97229-8939				13 Statutory employee []	Retirement plan []	Third-party sick pay []			
f Employee's address and ZIP code					14 Other ORSTTW		0.54		
	Employer's state ID r 1645577-4	number	16 State wages, tips, etc. 540.00	17 State incom	ne tax	18 Local wages, tips, etc.	19 Local incom	e tax	20 Locality name

Form W-2 Wage and Tax Statement