		a Employee's *****2715	social security number	OMB No. 154	а	re required to file a tax	tion is being furnished to the Internal Revenue Service. If you to file a tax return, a negligence penalty or other sanction sed on you if this income is taxable and you fail to report it.			
b Employer identification number (EIN) 13-1624225					1 Wages, tips,	other compensation	4749.00	2 Federal income tax withheld 6.85		
c Employer's name, address, and ZIP code Yeshiva University 500 West 185th Street New York NY 10033					3 Social security wages			4 Social security tax withheld		
					5 Medicare wages and tips			6 Medicare tax withheld		
					7 Social security tips			8 Allocated tips		
d Control number 1971					9			10 Dependent care benefits		
			Last name Mallika Yeturi	Suff.	11 Nonqualified plans			12 See Instructions for box 12		
unit 2 5 Gray St jersey city NJ 07302				13 Statutory employee []	Retirement plan []	Third-party sick pay []				
f Employee's address and ZIP code					14 Other NYSPFL		17.97			
15 State NY	Employer's state ID 131624225	number	16 State wages, tips, etc. 4749.00	17 State incon	ne tax 25.75	18 Local wages, tips, etc	c. 19 Local incom	e tax	20 Locality name	

Form W-2 Wage and Tax Statement