

1 Wages, tips, other compensation		2 Federal Income tax withheld	
5754.52			
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number		Employer use only	
XXX-XX-2626			
b Employer's FED ID number		d Control number	
38-6004447		00896725	
c Employer's name, address, and ZIP code			
CENTRAL MICHIGAN UNIVERSITY 1200 SOUTH FRANKLIN STREET MOUNT PLEASANT MI 48859			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff.			
DEEPIKA PENMETSA 700 RIGUARD WAY WENDELL NC 27591			
f Employee's address and ZIP code			
15 State	Employer's state ID		18 Local wages, tips, etc
MI	690354473		
16 State wages, tips, etc.		19 Local income tax	
5754.52			
17 State income tax		20 Locality name	
244.10			
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service W-2 Wage and Tax Statement 2024 Copy C for Employee's records			

1 Wages, tips, other compensation		2 Federal Income tax withheld	
5754.52			
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number		Employer use only	
XXX-XX-2626			
b Employer's FED ID number		d Control number	
38-6004447		00896725	
c Employer's name, address, and ZIP code			
CENTRAL MICHIGAN UNIVERSITY 1200 SOUTH FRANKLIN STREET MOUNT PLEASANT MI 48859			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff.			
DEEPIKA PENMETSA 700 RIGUARD WAY WENDELL NC 27591			
f Employee's address and ZIP code			
15 State	Employer's state ID		18 Local wages, tips, etc
MI	690354473		
16 State wages, tips, etc.		19 Local income tax	
5754.52			
17 State income tax		20 Locality name	
244.10			
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service W-2 Wage and Tax Statement 2024 Copy 2 To Be Filed With Employee's STATE Income Tax Return			

1 Wages, tips, other compensation		2 Federal Income tax withheld	
5754.52			
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number		Employer use only	
XXX-XX-2626			
b Employer's FED ID number		d Control number	
38-6004447		00896725	
c Employer's name, address, and ZIP code			
CENTRAL MICHIGAN UNIVERSITY 1200 SOUTH FRANKLIN STREET MOUNT PLEASANT MI 48859			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff.			
DEEPIKA PENMETSA 700 RIGUARD WAY WENDELL NC 27591			
f Employee's address and ZIP code			
15 State	Employer's state ID		18 Local wages, tips, etc
MI	690354473		
16 State wages, tips, etc.		19 Local income tax	
5754.52			
17 State income tax		20 Locality name	
244.10			
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service W-2 Wage and Tax Statement 2024 Copy B To Be Filed With Employee's FEDERAL Tax Return			

1 Wages, tips, other compensation		2 Federal Income tax withheld	
5754.52			
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number		Employer use only	
XXX-XX-2626			
b Employer's FED ID number		d Control number	
38-6004447		00896725	
c Employer's name, address, and ZIP code			
CENTRAL MICHIGAN UNIVERSITY 1200 SOUTH FRANKLIN STREET MOUNT PLEASANT MI 48859			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff.			
DEEPIKA PENMETSA 700 RIGUARD WAY WENDELL NC 27591			
f Employee's address and ZIP code			
15 State	Employer's state ID		18 Local wages, tips, etc
MI	690354473		
16 State wages, tips, etc.		19 Local income tax	
5754.52			
17 State income tax		20 Locality name	
244.10			
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service W-2 Wage and Tax Statement 2024 Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			