a Employee's social security number *****4563		OMB No. 1545-	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 it.					her sanction	
b Employer identification number (EIN) 61-1730890			1 Wages, tips, other compensation				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				6 Medicare tax withheld		
				7 Social security tips				8 Allocated tips	
d Control number 16850				9				10 Dependent care benefits	
e Employee's first name and initial Last name David C Vasquez			Suff.	11 Nonqualified plans .				00 12 See Instructions for box 12 DD	
f Employee's address and ZIP code 155 NW Kings Blvd Apt 647			13 Statutory employee []		Third-party sick pay []	′			
Corvallis OR 97330-6565			ORSTTW						
15 State OR	Employer's state ID number 1645577-4	16 State wages, tips, etc.	17 State in	come tax	18 Local wages, ti	ps, etc.	19 Loca	I income tax	20 Locality name
Form W-2 Wage and Tax Statement						Depart	ment of	Treasury - Inte	rnal Revenue Service