	nun	nployee's social security nber **4563	OMB No	o. 1545-0	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.					
b Employer identification number (EIN) 61-1730890					1 Wages, tips, other compensation 10584.20				2 Federal income tax withheld 447.00	
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 14965					9				10 Dependent care benefits	
e Employee's first name and initial David C		Last name Vasquez	Suff	Suff.					12 See Instructions for box 12 DD 3632.22	
f Employee's address and ZIP code 155 NW Kings Blvd Apt 647					13 Statutory employee		Third-party sick pay []	/		
Corvallis OR 97330-6565				14 Other ORSTTW 10.59			10.59			
15 State OR	Employer's state ID nur 1645577-4		tc. 17 584.20	State inc	ome tax 549.61	18 Local wages, ti	Local wages, tips, etc.		al income tax	20 Locality name

Form W-2 Wage and Tax Statement

2021

Department of Treasury - Internal Revenue Service

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