|  | a Employee's social security<br>number<br>*****4563 | OMB No. 1545-00 |             | 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>b</b> Employer identification number (EIN) 61-1730890   |   |                 |             | 1 Wages, tips, other compensation 24563.43   |                           |                                |               | 2 Federal income tax withheld 2402.88             |                    |      |
| c Employer's name, address, and ZIP code Oregon State University PO BOX 1086 Corvallis OR 97339-1086 |   |                 | <b>3</b> So | <b>3</b> Social security wages 3199.11   |                           |                                |               | 4 Social security tax withheld 198.34             |                    |      |
|  |   |                 | <b>5</b> Me | <b>5</b> Medicare wages and tips 3199.11   |                           |                                |               | 6 Medicare tax withheld<br>46.39                  |                    |      |
|  |   |                 | <b>7</b> So | 7 Social security tips   |                           |                                |               | 8 Allocated tips                                  |                    |      |
| <b>d</b> Control number 16342  |   |                 | 9           |  |                           |                                |               | 10 Dependent of                                   | are benefits       | 5    |
| e Employee's first name and in David C   | nitial Last name<br>Vasquez                         | Suff.           | <b>11</b> N | 11 Nonqualified plans  |                           |                                | .00           | 0 <b>12</b> See Instructions for box 12 DD 4195.0 |                    |      |
| f Employee's address and ZIP code  |   |                 |             | tatutory<br>mployee<br>]   | Retirement<br>plan<br>[ ] | Third-party<br>sick pay<br>[ ] |               |   |                    |      |
|  |   |                 | <b>14</b> O | ther   |                           |                                |               |   |                    |      |
| 15 State Employer's state II<br>OR 1645577-4   |   | 17 State        | e income 1  | tax 18   | <b>8</b> Local wages, ti  | ps, etc. 1                     | <b>9</b> Loca | al income tax                                     | <b>20</b> Locality | name |

Form W-2 Wage and Tax Statement

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