	a Employee number ****4563	s social security	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.							
<b>b</b> Employer identification number (EIN) 61-1730890				1 Wages	1 Wages, tips, other compensation 10493.26				2 Federal income tax withheld 524.33		
c Employer's name, address, and ZIP code Oregon State University PO BOX 1086 Corvallis OR 97339-1086				<b>3</b> Social s	3 Social security wages 10493.26				<b>4</b> Social security tax withheld 650.58		
				<b>5</b> Medicare wages and tips 10493.26				<b>6</b> Medicare tax withheld 152.15			
				<b>7</b> Social se	ecurity tips	S			8 Allocated tips	3	
<b>d</b> Control number 16756				9	9					10 Dependent care benefits	
e Employee's first name and David C	ne and initial Last name Suff. 11 Nonqualified plans Vasquez					ns		.00	12 See Instruc	tions for box 12	
f Employee's address and ZIP code 155 NW Kings Blvd Apt 647				13 Statuto employ	,	tirement an	Third-part sick pay [ ]	у			
Corvallis OR 97330-6565				14 Other							
<b>15</b> State Employer's state 10R 1645577-4	ID number	<b>16</b> State wages, tips, etc. 10493		ncome tax 545.4		l wages, t	ips, etc.	<b>19</b> Loca	al income tax	20 Locality name	

Form W-2 Wage and Tax Statement

2016

Department of Treasury - Internal Revenue Service

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