W-2 Wage and Tax Statement

	a Employee's social security number *****4563			This information is being furnished to are required to file a tax return, a neg OMB No. 1545-0008 may be imposed on you if this income					egligen	ligence penalty or other sanction			
b Employer identification number (EIN) 61-1730890					1 Wa	1 Wages, tips, other compensation 13119.78				2 Federal income tax withheld 676.98			
Oregon State University PO BOX 1086 Corvallis OR 97339-1086					3 So	3 Social security wages 13119.78				4 Social security tax withheld 813.43			
					5 Me	5 Medicare wages and tips 13119.78				6 Medicare tax withheld 190.24			
					7 So	7 Social security tips				8 Allocated tips			
d Control number 16722					9	9				10 Dependent care benefits			
e Employee's first name and initial David C		Last name Vasquez	Suff.	11 N	11 Nonqualified plans .00				12 See Instruct	ions for box	12		
f Employee's address and ZIP code 155 NW Kings Blvd Apt 647					tatutory mployee]	Retirement plan []	Third-party sick pay []						
Corvallis OR 97330-6565					14 0	ther							
15 State OR	Employer's state ID n 1645577-4	umber	16 State wages, tips, etc. 1311		ate income f	tax 1 8 587.63	8 Local wages, ti	ips, etc. 1	L9 Loca	al income tax	20 Locality	name	

Form W-2 Wage and Tax Statement

2017

Department of Treasury - Internal Revenue Service

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