	a Employee's social security number *****4563 OMB No.		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 Employer identification number (EIN) 61-1730890				1 Wages, tips, other compensation 7586.60				2 Federal income tax withheld 94.15	
c Employer's name, address, and ZIP code Oregon State University PO BOX 1086				3 Social sec	urity wages	7586.		rity tax withheld 470.37	
Corvallis OR 97339-1086			5 Medicare wages and tips 7586.60				6 Medicare tax withheld 110.01		
				7 Social sec	urity tips		8 Allocated ti	ps	
d Control number 17022				9 Verification code			10 Dependen	10 Dependent care benefits	
e Employee's first name and David C	initial	Last name Vasquez	Suff.	11 Nonqualified plans .00			00 12 See Instru	ictions for box 12	
f Employee's address and ZIP code 155 NW Kings Blvd Apt 647			13 Statutory employed		Third-party sick pay []				
Corvallis OR 97330-6565			14 Other ORSTTW		5.	42			
15 State Employer's state I 1645577-4	D number	16 State wages, tips, etc. 7586		ncome tax 285.91	18 Local wages, ti	ips, etc. 19 Lo	ocal income tax	20 Locality name	

Form W-2 Wage and Tax Statement

2018

Department of Treasury - Internal Revenue Service

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