	a Employee's social security number *****4563			OMB No. 1545-		This information is being furnished to the Int are required to file a tax return, a negligence may be imposed on you if this income is taxa				e penalty or other sanction	
<b>b</b> Employer identification number (EIN) 61-1730890						1 Wages, tips, other compensation				2 Federal income tax withheld	
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					<b>5</b> Medicare wages and tips				6 Medicare tax withheld		
					<b>7</b> Soci	al securi	ity tips			8 Allocated tips	
d Control number 15190					9					10 Dependent care benefits	
<b>e</b> Employee's first name and initial David C		nitial	Last name Suff. Vasquez							12 See Instructions for box 12 DD	
f Employee's address and ZIP code 155 NW Kings Blvd Apt 647					<b>13</b> Sta em [ ]	tutory ployee	Retirement plan [ ]	Third-part sick pay [ ]	у		
Corvallis OR 97330-6565						L4 Other DRSTTW					
	mployer's state IC .645577-4	number	16 State wages, tips, etc.	. 17 State in	come ta	x 18	Local wages, ti	ps, etc.	<b>19</b> Loca	al income tax	20 Locality name

Form W-2 Wage and Tax Statement