2024 W-2 and EARNINGS SUMMARY

Employee Reference Copy Wage and Tax Statement or employee's records. rol number Dept. Corp. Employer use only Control number 0000016836 NQ8 C87M E S 627 c Employer's name, address, and ZIP code **DEPAUL UNIVERSITY** 1 E JACKSON BLVD CHICAGO, IL 60604 e/f Employee's name, address, and ZIP code TAMIM BAYAZEED 6439 N NEWGARD AVE , APT 1E CHICAGO, IL 60626 a Employee's SSA number b Employer's FED ID number 36-2167048 XXX-XX-7585 2 Federal income tax withheld 14241.95 331.41 3 Social security wages 4 Social security tax withheld 5 Medicare wages and tips 6 Medicare tax withheld 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 14 Other 12c 12d 13 Stat emp. Ret, plan 3rd party sick pa 15 State Employer's state ID no. 16 State wages, tips, etc. 36-2167048 000 2 14241.95 18 Local wages, tips, etc. 17 State income tax 705.00 19 Local income tax 20 Locality name Wages, tips, other comp 2 Federal income tax withheld

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus and adjustments made by your employer.

any adjustments made by your employer. GROSS PAY 14,241.95 SOCIAL SECURITY 0.00 TAX WITHHELD BOX 04 OF W-2 FED. INCOME 331.41 MEDICARE TAX 0.00 TAX WITHHELD WITHHELD BOX 02 OF W-2 BOX 06 OF W-2 STATE INCOME TAX SUI/SDI 0.00 705.00 BOX 14 OF W-2 BOX 17 OF W-2 LOCAL INCOME TAX 0.00 BOX 19 OF W-2

To change your employee W-4 profile information file a new W-4 with your payroll department

Social Security Number: XXX-XX-7585

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

Corp.

331.41

Employer use only

TAMIM BAYAZEED 6439 N NEWGARD AVE , APT 1E CHICAGO, IL 60626

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331.41

4 Social security tax withheld

PAGE 1 OF 1

1 Wages, tips, other comp

3 Social security wages

d Control number

19 Local income tax

5 Medicare wages and tips

14241.95

Dept.

5 Medicare wages and tips		6 Medicare tax withheld				
d Control number	Dept.	Corp.	Emplo	yer use only		
0000016836 NQ8		C87M	l ES	627		
c Employer's name, ac DEPAUL UNIVI 1 E JACKSON CHICAGO, IL 6	ERSITY BLVD	nd ZIP c	ode			
b Employer's FED ID number		a Employee's SSA number XXX-XX-7585				
7 Social security tips		8 Alloca				
9		10 Dependent care benefits				
11 Nonqualified plans		12a See instructions for box 12				
14 Other		12b				
		12c				
		12d				
		13 Stat em	p. Ret. plan	3rd party sick pay		
e/f Employee's name, TAMIM BAYA2 6439 N NEWGAI CHICAGO, IL 60	ZEED RD AVE					
15 State Employer's st L 36-2167048		16 State		ips, etc. I241.95		
17 State income tax 705.00		18 Local wages, tips, etc.				
19 Local income tax		20 Locality name				
	age an Statem	d Tax ent	2 OMB	024 No. 1545-0008		

Copy B to be filed with employee's Federal Income Tax Return.

14241.95

Social security wages

DEPAUL UNIVERSITY						
c Employer's name, address, and ZIP code						
00	000016836 NQ8		C87M	E S 627		
d (Control number	Dept.	Corp.	Employer use only		
5 Medicare wages and tips		6 Medicare tax withheld				
3 Social security wages		4 Social security tax withheld				
1 Wages, tips, other comp. 14241.95		2 Federal income tax withheld 331.41				

DEPAUL UNIVERSITY 1 E JACKSON BLVD CHICAGO, IL 60604

b Employer's FED ID number 36-2167048	a Employee's SSA number XXX-XX-7585			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a			
14 Other	12b			
	12c			
	12d			
	13Stat emp. Ret. plan 3rd party sick pay			

TAMIM BAYAZEED 6439 N NEWGARD AVE , APT 1E

CHICAGO, IL 60626

IL. State Filing Copy
Wage and Tax
Statement
Copy 2 to be filed with employee's State Income Tax Return.

2024 OMB No. 1545-0008

0000016836 NQ8		C87M	E S	627		
c Employer's name, a	ddress, a	nd ZIP co	de			
DEPAUL UNIVI 1 E JACKSON CHICAGO, IL 6	BLVD					
b Employer's FED ID 36-216704	number 8	a Employee's SSA number				
7 Social security tips		8 Allocated tips				
9		10 Dependent care benefits				
11 Nonqualified plans		12a				
14 Other		12b				
		12c				
		12d				
		13 Stat emp	p. Ret. plan	3rd party sick pay		
e/f Employee's name,	address	and ZIP c	ode	1		
TAMIM BAYAZ	ZEED					
6439 N NEWGA	RD AVE	, APT 1	E			
CHICAGO, IL 60	0626					
15 State Employer's st		16 State wages, tips, etc. 14241.95				
17 State income tax	5.00	18 Local wages, tips, etc.				

City or Local Filing Copy

Wage and Tax

Statement

Copy 2 to be filed with employee's City or Local Income Tax Return.

20 Locality name