## 2024 W-2 and EARNINGS SUMMARY

SOCIAL SECURITY

TAX WITHHELD

BOX 04 OF W-2

MEDICARE TAX

BOX 06 OF W-2

BOX 14 OF W-2

1 Wages, tips, other comp

5 Medicare wages and tips

CHICAGO, IL 60604

CHICAGO, IL 60659

3 Social security wages

d Control number

0000014750 NQ8

14682.10

c Employer's name, address, and ZIP code **DEPAUL UNIVERSITY** 1 E JACKSON BLVD

Dept.

WITHHELD

SUI/SDI

14,682.10

330.49

726.77

0.00

Employee Reference Copy This summary section is included with your W-2 to help describe this Wage and Tax portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus Statement any adjustments made by your employer. Corp. Employer use only Control number 0000014750 NQ8 C87M E S 2225 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 FNU EHAB KARAMULLAH SHAR 6337 N OAKLEY AVE **UNIT 2** CHICAGO, IL 60659 b Employer's FED ID number a Employee's SSA number XXX-XX-7402 36-2167048 Wages, tips, other comp 2 Federal income tax withheld 14682.10 330.49 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 pay 15 State Employer's state ID no. 16 State wages, tips, etc. 36-2167048 000 2 IL 14682.10 18 Local wages, tips, etc. 17 State income tax

72<u>6.77</u>

14682.10

20 Locality name

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

330.49

19 Local income tax

Wages, tips, other comp

3 Social security wages

5 Medicare wages and tips

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

Social Security Number: XXX-XX-7402

0.00

0.00

0.00

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

Corp.

C87M

330.49

Employer use only

E S 2225

FNU EHAB KARAMULLAH SHAR 6337 N OAKLEY AVE UNIT 2 CHICAGO, IL 60659

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GROSS PAY

FED. INCOME

TAX WITHHELD

BOX 02 OF W-2

BOX 17 OF W-2

STATE INCOME TAX

LOCAL INCOME TAX BOX 19 OF W-2

## PAGE 1 OF 1

d Control number	Dept.	Corp.	Emplo	yer use only
0000014750 NQ8		C87M	E S	3 2225
c Employer's name, a	ddress, ar	nd ZIP c	ode	
DEPAUL UNIVI 1 E JACKSON CHICAGO, IL 6	BLVD			
b Employer's FED ID 36-216704	number 8	a Emplo	yee's SS XXX-X	A number <b>XX-7402</b>
7 Social security tips		8 Allocated tips		
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
eff Employee's name, FNU EHAB KA 6337 N OAKLEY UNIT 2 CHICAGO, IL 60	RAMUL AVE			
15 State   Employer's st 1L   36-2167048 (				1682.10
17 State income tax 726	6.77		I wages,	• /
19 Local income tax		20 Loca	lity name	
Federal W	Filing age an		<b>'</b>	<b>N2</b> /

Statement

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

c Employer's name, address, and ZIP code DEPAUL UNIVERSITY						
		44	C87M   E S 2225			
0000014750	NOO		00-11	E 0 0005		
d Control n	ımber	Dept.	Corp.	Employer use only		
5 Medicare wa	ages and	tips	6 Medicare tax withheld			
3 Social secu	rity wage	s	4 Social	security tax withheld		
1 Wages, tips	Wages, tips, other comp. 14682.10		2 Federal income tax withheld 330.49			

CHICAGO, IL 60604

b Employer's FED ID number 36-2167048	a Employee's SSA number XXX-XX-7402			
7 Social security tips	8 Allocated tips			
9	10 Dependent care benefits			
11 Nonqualified plans	12a			
14 Other	12b			
	12c			
	12d			
	13 Stat emp. Ret. plan 3rd party sick pay			
e/f Employee's name, address	and ZIP code			

FNU EHAB KARAMULLAH SHAR **6337 N OAKLEY AVE** UNIT 2 CHICAGO II 60659

15 State	Employer's state ID no.	16	State wages, tips, etc.		
IL	36-2167048 000 2	48 000 2 14682.1			
17 State income tax		18	18 Local wages, tips, etc.		
	726.77				
19 Local	income tax	20	Locality name		

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

b Employer's FED ID number 36-2167048	a Employee's SSA number XXX-XX-7402				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a	1			
14 Other	12b	i			
	12c				
	12d	i			
	13 Stat emp. Ret		Ret. plan	3rd party sick pa	
e/f Employee's name, address	and 2	ZIP co	de		

15 State Employer's state ID no. 16 State wages, tips, etc. 36-2167048 000 2 14682.10 17 State income tax 18 Local wages, tips, etc. 726.77 19 Local income tax 20 Locality name

City or Local Filing Copy Wage and Tax Statement

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