	a Employee's social security number 709-21-2123	OMB No. 1545	This information is being furnished to t are required to file a tax return, a negl -0008 may be imposed on you if this income	ligence penalty or other sanction
<b>b</b> Employer identification nur 54-6000884	mber (EIN)		1 Wages, tips, other compensation	2 Federal income tax withheld 1484.41
c Employer's name, address, and ZIP code Old Dominion University Hampton Boulevard Norfolk VA 23529			3 Social security wages	4 Social security tax withheld
			<b>5</b> Medicare wages and tips	6 Medicare tax withheld
			7 Social security tips	8 Allocated tips
<b>d</b> Control number 401			9	10 Dependent care benefits
e Employee's first name and initial Last name Suff. SAI KARAN BALMURI  3-7-937, VAVILALAPALLY, BANK COLONY KARIMNAGAR TELANGANA 505001		Suff.	11 Nonqualified plans	12 See Instructions for box 12
			13 Statutory Retirement Third-party employee plan sick pay [ ] [ ] [ ]	
India  f Employee's address and ZIP code			14 Other	
<b>15</b> State Employer's state VA 0020063092	ID number 16 State wages, ti	os, etc. <b>17</b> State i	income tax 552.54 18 Local wages, tips, etc. 19	Local income tax 20 Locality name

Form W-2 Wage and Tax Statement

2016

Department of Treasury - Internal Revenue Service