	a Employe number 385-23-13:	e's social security	This information is being furnished to the Intern are required to file a tax return, a negligence pe OMB No. 1545-0008 may be imposed on you if this income is taxable					ce penalty or o	ther sanction	
b Employer identification number (EIN) 46-4727800				1 Wages, tips, other compensation 1385.76				2 Federal income tax withheld		
c Employer's name, address, and ZIP code University of Oregon PO Box 3237					3 Social security wages				4 Social security tax withheld	
Eugene OR 97403				5 Medicare wages and tips				6 Medicare tax withheld		
				7 Social sec	urity tips			8 Allocated tip	os	
d Control nu 8302	umber			9				10 Dependent	t care benefits	
e Employee Jason S	nployee's first name and initial Last name Suff. in S Elder		Suff.	11 Nonqualified plans				12 See Instructions for box 12		
2062 Orchard St Eugene OR 97403-2042				13 Statutory employe		Third-party sick pay []	/			
f Employee's address and ZIP code			14 Other ORSTTW			1.39				
	Employer's state ID number 1645579-2	16 State wages, tips, etc. 1385.7	17 State inc	ome tax 93.45	18 Local wages, ti	ips, etc. 1385.76	19 Loca	I income tax	20 Locality name EUG	

Form W-2 Wage and Tax Statement

Department of Treasury - Internal Revenue Service