

Form **W-2** Wage and Tax Statement **2020**

Copy B - To Be Filed With Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.

c Employer's name, address, and ZIP code UNIVERSITY OF RHODE ISLAND PAYROLL OFFICE, CARLOTTI BLDG. 75 LOWER COLLEGE ROAD KINGSTON RI 02881		OMB No. 1545-0008		1 Wages, tips, other compensation <b>20212.00</b>	2 Federal income tax withheld <b>3482.20</b>
e Employee's name, address, and ZIP code MATTHEW M RAMSEY 26 LINK LANE RICHMOND RI 02892		7 Social security tips	3 Social security wages	4 Social security tax withheld	
		8 Allocated tips	5 Medicare wages and tips	6 Medicare tax withheld	
		9	10 Dependent care benefits	11 Nonqualified plans	
		12a See instructions for box 12	12b	12c	
		12d	13 Statutory emp. Retirement plan Third-party sick pay	14 Other	
		b Employer identification number (EIN) <b>22-3011455</b>	a Employee's social security number <b>434-69-0932</b>		
RI	<b>223011455</b>	<b>20212.00</b>	<b>859.68</b>		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

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This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.					
RI	<b>223011455</b>	<b>20212.00</b>	<b>859.68</b>		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

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