

OMB No. 1545-0008

Form **W-2 Wage and Tax Statement** **2021**

c Employer's name, address, and ZIP code
 UNIVERSITY OF RHODE ISLAND
 PAYROLL OFFICE, CARLOTTI BLDG.
 75 LOWER COLLEGE ROAD
 KINGSTON RI 02881

e Employee's name, address, and ZIP code
 MATTHEW M RAMSEY
 26 LINK LANE
 RICHMOND RI 02892

7 Social security tips
 8 Allocated tips
 9
 10 Dependent care benefits

1 Wages, tips, other compensation
 20212.00

2 Federal income tax withheld
 3467.64

3 Social security wages
 4 Social security tax withheld

5 Medicare wages and tips
 6 Medicare tax withheld

11 Nonqualified plans

12a

b Employer identification number (EIN)
 22-3011455

14 Other

a Employee's social security number
 XXX-XX-0932

12b

12c

12d

13 Statutory employee Retirement plan Third-party sick pay

15 State Employer's state ID number
 RI 223011455

16 State wages, tips, etc.
 20212.00

17 State income tax
 858.24

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

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

Dept. of the Treasury - IRS

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

Dept. of the Treasury - IRS

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.

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

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Copy B—To Be Filed With Employee's FEDERAL Tax Return.

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