

FORM W-2 Wage and Tax Statement

Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2)

Dept. of the Treasury • Internal Revenue Service

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.

These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

All copies of your W-2 are on this page, separated by perforations. The white copies are for your tax returns; the blue copy is for your records. General instructions for these forms, including an explanation of the letter codes used in box 12 are on the other side of the page.

D. CONTROL NUMBER 01587205		This information is being furnished to the Internal Revenue Service		2021	OMB NO. 1545 - 0008	1. WAGES, TIPS, OTHER, COMPENSATION 486.97	2. FEDERAL INCOME TAX WITHHELD 0.00
B. EMPLOYER IDENTIFICATION NUMBER 56-1874931		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 829-06-8501		3. SOCIAL SECURITY WAGES 486.97		4. SOCIAL SECURITY TAX WITHHELD 30.19	
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE COMPASS GROUP USA, INC. 2400 YORKMONT RD CHARLOTTE, NC 28217		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-Party Sick Pay <input type="checkbox"/>		5. MEDICARE WAGES AND TIPS 486.97		6. MEDICARE TAX WITHHELD 7.06	
E. EMPLOYEE'S FIRST NAME AND INITIAL ABHISHEK		LAST NAME SWAYAMPAKULA		SUFF. 11. NONQUALIFIED PLANS		8. ALLOCATED TIPS	
F. EMPLOYEE'S ADDRESS AND ZIP CODE 7350 MCARDLE RD APT108 CORPUS CHRISTI, TX 78412				9.		10. DEPENDENT CARE BENEFITS	
				14. OTHER		12. a-d	
15. STATE	EMPLOYER'S STATE I.D. NO.	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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