

1 Wages, tips, other compensation 1117.50		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number 588-90-3650		Employer use only	
b Employer's FED ID number 56-1874931		d Control number 01617638	
c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
REISSUED STATEMENT			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Other MAPFML. 4.22		12c	
		12d	
e Employee's first name and initial Last name Suff. SUMANTH VARMA PERICHERLA 228 HIGHLAND STREET APT 2 WORCESTER MA 01609			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc	
MA	WTH-10850963-021		
16 State wages, tips, etc. 1117.50		19 Local income tax	
17 State income tax		20 Locality name	
Form W-2 Wage and Tax Statement 2021 <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy C for Employee's records</small>			

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REISSUED STATEMENT			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Other MAPFML. 4.22		12c	
		12d	
e Employee's first name and initial Last name Suff. SUMANTH VARMA PERICHERLA 228 HIGHLAND STREET APT 2 WORCESTER MA 01609			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc	
MA	WTH-10850963-021		
16 State wages, tips, etc. 1117.50		19 Local income tax	
17 State income tax		20 Locality name	
Form W-2 Wage and Tax Statement 2021 <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy 2 To Be Filed With Employee's STATE Income Tax Return</small>			

1 Wages, tips, other compensation 1117.50		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number 588-90-3650		Employer use only	
b Employer's FED ID number 56-1874931		d Control number 01617638	
c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
REISSUED STATEMENT			
7 Social security tips		8 Allocated tips	
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11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Other MAPFML. 4.22		12c	
		12d	
e Employee's first name and initial Last name Suff. SUMANTH VARMA PERICHERLA 228 HIGHLAND STREET APT 2 WORCESTER MA 01609			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc	
MA	WTH-10850963-021		
16 State wages, tips, etc. 1117.50		19 Local income tax	
17 State income tax		20 Locality name	
Form W-2 Wage and Tax Statement 2021 <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy B To Be Filed With Employee's FEDERAL Tax Return</small>			

1 Wages, tips, other compensation 1117.50		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number 588-90-3650		Employer use only	
b Employer's FED ID number 56-1874931		d Control number 01617638	
c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
REISSUED STATEMENT			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Other MAPFML. 4.22		12c	
		12d	
e Employee's first name and initial Last name Suff. SUMANTH VARMA PERICHERLA 228 HIGHLAND STREET APT 2 WORCESTER MA 01609			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc	
MA	WTH-10850963-021		
16 State wages, tips, etc. 1117.50		19 Local income tax	
17 State income tax		20 Locality name	
Form W-2 Wage and Tax Statement 2021 <small>OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service</small> <small>Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return</small>			