| Copy B To Be Filed<br>FEDERAL Tax Retu       |  | 41-1628061<br>OMB No. 1545-0008  | Copy 2<br>City, or  |
|--|--|--|---------------------|
| a Employee's soc sec no                      | 1 Wages, tips, other comp.<br>1621.80            | 2 Federal income tax withheld 3.23   | a Employe           |
| 144-85-2516                                  | 3 Social security wages                          | 4 Social security tax withheld   | 144-8               |
| b Employer ID number                         |  | ,  | b Employ            |
| 37-6004011                                   | 5 Medicare wages and tips                        | 6 Medicare tax withheld  | 37-6                |
| ***************************************      | 1800.00  | 26.10  |                     |
| c Employer's name, addres                    | s, and zip code<br>n and-Woodford-Counties,-Illi | nois   | c Employ            |
| 1809 Hovey Ave                               | n-and-woodioid-soundes,-iiii                     |  | 1809                |
| Normal IL 61761-43                           | 15   |  | Norm                |
| Notifial IL 01701-45                         | 13   |  | Nom                 |
| d Control number                             |  |  | d Control i         |
| 21002  |  |  | 21002               |
| <ul> <li>Employee's first name an</li> </ul> |  | Suff.  | e Employ            |
| Anurupa Bandhaka                             |  |  | Anuru               |
| 3201 Orioleway, Apr                          |  |  | 3201                |
| BLOOMINGTON IL                               | 31704  |  | BLOO                |
| f Employee's address and                     | zio code   |  | f Employ            |
| 7 Social security tips                       | 8 Allocated tips                                 | § 9 Verification Code  § 9 √ / / / / / / / / / / / / / / / / / /   | 7 Social :          |
| 40 B   |  |  |                     |
| 10 Dependent care benefits                   | 11 Nonqualified plans                            | 12a Code See inst. for box 12  | 10 Depend           |
| 13 Statutory employee 14                     | Other  | 12b Code   | 13 Statut           |
| Retirement plan                              |  | 12c Code   | Ret                 |
| x  |  |  |                     |
| Third-party sick pay                         |  | 12d Code   | Third- <sub>l</sub> |
| IL 6903319                                   | 1621   | .80 80,28  | 11.                 |
| 15 State Empir.'s state I.D.#                |  |  | 15 State En         |
| 18 Local wages, tips, etc.                   | 19 Local income tax                              | 20 Locality name   | 18 Local v          |
|  | The same in same                                 | and the same of th | 10 2000             |
| Form W-2 Wage and Tax Sta                    | tement 2021                                      | Dept. of the Treasury IRS  | Form W-2 W          |

|            |                       |           | nployee's State,              |               | 41-1628061                   |
|------------|-----------------------|-----------|-------------------------------|---------------|------------------------------|
|            | or Local Incom        |           |                               |               | OMB No. 1545-0008            |
| a Empl     | oyee's soc sec no     | 1 Wage    | s, tips, other comp.          | 2 F           | ederal income tax withheld   |
| 144-       | 85-2516               | 9 0- 1    | 1621.80                       | 1             | 3.23                         |
| h (***-1   | auga ID numbar        | 3 Socia   | l security wages              | 4 S           | ocial security tax withheld  |
| υ ⊫mpl     | oyer ID number        | E Mo-41-  | ora wasas and tis-            |               | ledicare tax withheld        |
| 37         | 7-6004011             | 5 Medic   | are wages and tips<br>1800.00 | ] * M         |                              |
| c Empl     | oyer's name, addres   | e and zin |                               |               | 26.10                        |
|            | •                     |           | oodford Counties,             | lilinoie      |                              |
|            | -                     | ı-aııu-vv | oodioid-counties,             | minois        |                              |
|            | 9 Hovey Ave           |           |                               |               |                              |
| Nor        | mal IL 61761-431      | 15        |                               |               |                              |
|            |                       |           |                               |               |                              |
| d Contr    | ol number             |           |                               |               |                              |
| 2100       | )2                    |           |                               |               |                              |
| e Empl     | oyee's first name and | d initial | Last name                     |               | Suff.                        |
| Anı        | ırupa Bandhaka        | vi        |                               |               |                              |
| 320        | 1 Orioleway, Apt      | 7         |                               |               |                              |
|            | OMINGTON IL 6         |           |                               |               |                              |
| _,         |                       |           |                               |               |                              |
| f Empl     | ovee's address and :  | zip code  |                               |               | 7.7.70                       |
| 7 Soci     | al security tips      | 8 A       | llocated tips                 | . 5%<br>546   | 9 Ventication Code           |
| 40 Dec     | andant ann 6-2-54-    | 4         | lana ana likina alama         | - 4           |                              |
| 10 Depe    | endent care benefits  | 111       | lonqualifled plans            | 13            | 2a Code See inst. for box 1: |
| 13 Sta     | tutory employee 14    | Other     |                               |               | 2b Code                      |
| 13 318<br> | itatory employee 14   | other     |                               | 17            | 4D C008                      |
| F          | Retirement plan       |           |                               | <sub>47</sub> | 2c Code                      |
|            | X                     |           |                               |               |                              |
| Ţħir       | d-party sick pay      |           |                               | 12            | 2d Code                      |
|            |                       |           |                               | l"            |                              |
|            |                       |           |                               |               |                              |
| IL.        | 6903319               |           | 16                            | 521.80        | 80.28                        |
|            | Empir.'s state i.D.#  |           | 16 State wages, tips,         |               | 17 State income tax          |
| 18 Loca    | il wages, tips, etc.  | 19        | Local income tax              | 7             | Locality name                |
|            |                       |           |                               |               |                              |
| F 101 1    |                       |           |                               |               |                              |
| Form W-2   | 2 Wage and Tax Sta    | tement    | 2021                          |               | Dept. of the Treasury IR     |

| (Se      |  | loye          | e o   | n back of copy B.)         |      | 41-1628061<br>OMB No. 1545-0008 |
|----------|--|---------------|-------|----------------------------|------|---------------------------------|
| a En     | nployee's soc sec no                         | 1 1           | Mage  | es, tips, other comp.      | 2    | Federal income tax withheld     |
| 14       | 44-85-2516                                   |               |       | 1621.80                    |      | 3.23                            |
|          |  | 3 8           | Socia | I security wages           | 4    | Social security tax withheld    |
| b Er     | nployer ID number                            | l             |       |                            |      |                                 |
|          | 37-6004011                                   | 5 1           | Medic | care wages and tips        | 6    | Medicare tax withheld           |
| L        |  |               |       | 1800.00                    |      | 26.10                           |
| 1        | nployer's name, addre                        | -             |       |                            |      |                                 |
| 0        | USD No. 5, McLea                             | ın an         | d W   | oodford Counties, Illir    | ıois |                                 |
| 1        | 809 Hovey Ave                                |               |       |                            |      |                                 |
| ΙN       | lormal IL 61761-43                           | 15            |       |                            |      |                                 |
| l "      |  |               |       |                            |      |                                 |
|          |  |               |       |                            |      |                                 |
| 1        | ntrol number                                 |               |       |                            |      |                                 |
|          | 002  |               |       | ·/····                     |      |                                 |
| 1        | nptoyee's first name ar                      |               | al    | Last name                  |      | Suff.                           |
| A        | nurupa Bandhak                               | avi           |       |                            |      |                                 |
| 3        | 201 Orioleway, Ap                            | t 7           |       |                            |      |                                 |
| в        | LOOMINGTON IL                                | 6170          | 4     |                            |      |                                 |
| 1        |  |               |       |                            |      |                                 |
|          | nployee's address and<br>oclal security tips | zip co        |       | Allocated tips             | -    |                                 |
| ′ °      | ociai security tips                          |               | 8 6   | Miocated tips              | ı    | 9 Ventication Code              |
| 10 D     | ependent care benefits                       | $\rightarrow$ | 44 1  | longualified plans         | 4    | 12a Code See inst. for box 12   |
| ט ייין   | ерепцепт саге репеня                         | ١ ١           | 11 1  | onqualiled plans           | - 1  | 12a Code See inst. for box 12   |
| 13 3     | Statutory employee 114                       |               |       |                            | ٠,   | 12b Code                        |
| '' '     | atatutory employee 14                        | Oure          | 71    |                            |      | IZD Code                        |
|          | Retirement plan                              |               |       |                            | -    | 12c Code                        |
|          | X  |               |       |                            |      | ize code                        |
| <u> </u> | hird-party sick pay                          |               |       |                            | ١,   | 12d Code                        |
| Ι '      | Tillurbaity sick pay                         |               |       |                            |      | 124 0046                        |
|          | T  |               |       |                            |      | T**                             |
| IL       | 6903319                                      |               |       | 1621.                      | 80   | 80.28                           |
| 15 Sta   | <br> te-Emplr.'s state I.D.∦                 | 4             |       | 16 State wages, tips, etc. |      | 17 State income tax             |
|          | ocal wages, tips, etc.                       |               | 19    | Local income tax           | _    | 20 Locality name                |
|          | sour regoo, upo, oto.                        |               | '     | Econ moonio (dx            | 1    | as accounty manne               |
|          |  |               |       |                            |      |                                 |

| City, or Local Income Tax Return  a Employee's soc sec no 144-85-2516  b Employer ID number 37-6004011  c Employer's name, address, and zip CUSD No. 5, McLean and Woodford Counties, Illinois 1809 Hovey Ave Normal IL 61761-4315  d Control number 21002 e Employee's first name and initial Anurupa Bandhakavi 3201 Orioleway, Apt 7            |
|--|
| 144-85-2516  1621.80  3.23  3 Social security wages  4 Social security tax withheld  5 Medicare wages and tips 1800.00  C Employer's name, address, and zip CUSD No. 5, McLean and Woodford Counties, Illinois 1809 Hovey Ave Normal IL 61761-4315  d Control number 21002  e Employee's first name and initial Last name Suff. Anurupa Bandhakavi |
| b Employer ID number 37-6004011  5 Medicare wages and tips 1800.00  6 Medicare tax withheld 26.10  c Employer's name, address, and zip CUSD No. 5, McLean and Woodford Counties, Illinois 1809 Hovey Ave Normal IL 61761-4315  d Control number 21002  e Employee's first name and initial Last name Suff. Anurupa Bandhakavi                      |
| b Employer ID number 37-6004011  5 Medicare wages and tips 1800.00  6 Medicare tax withheld 26.10  c Employer's name, address, and zip CUSD No. 5, McLean and Woodford Counties, Illinois 1809 Hovey Ave Normal IL 61761-4315  d Control number 21002 e Employee's first name and initial Last name Suff. Anurupa Bandhakavi                       |
| 37-6004011  5 Medicare wages and tips 1800.00  C Employer's name, address, and zip 26.10  CUSD No. 5, McLean and Woodford Counties, Illinois 1809 Hovey Ave Normal IL 61761-4315  d Control number 21002  e Employee's first name and initial Last name Suff. Anurupa Bandhakavi   |
| a7-6004011  c Employer's name, address, and zip CUSD No. 5, McLean and Woodford Counties, Illinois 1809 Hovey Ave Normal IL 61761-4315  d Control number 21002 e Employee's first name and initial Last name Suff. Anurupa Bandhakavi  |
| c Employer's name, address, and zip CUSD No. 5, McLean and Woodford Counties, Illinois 1809 Hovey Ave Normal IL 61761-4315  d Control number 21002 e Employee's first name and initial Last name Suff. Anurupa Bandhakavi  |
| CUSD No. 5, McLean and Woodford Counties, Illinois 1809 Hovey Ave Normal IL 61761-4315  d Control number 21002 e Employee's first name and initial Last name Suff. Anurupa Bandhakavi  |
| 1809 Hovey Ave Normal IL 61761-4315  d Control number 21002 e Employee's first name and initial Last name Suff. Anurupa Bandhakavi   |
| Normal IL 61761-4315  d Control number 21002 e Employee's first name and initial Last name Suff. Anurupa Bandhakavi  |
| d Control number 21002 e Employee's first name and initial Last name Suff. Anurupa Bandhakavi  |
| 21002 e Employee's first name and initial Last name Suff. Anurupa Bandhakavi   |
| 21002 e Employee's first name and initial Last name Suff. Anurupa Bandhakavi   |
| 21002 e Employee's first name and initial Last name Suff. Anurupa Bandhakavi   |
| e Employee's first name and initial Last name Suff.  Anurupa Bandhakavi  |
| Anurupa Bandhakavi   |
| ·  |
| I 3201 Officieway, Apr /   |
| ** ,   |
| BLOOMINGTON IL 61704   |
| f Employee's address and zip code  |
| 7 Social security tips 8 Allocated tips 9 Ventication Code   |
|  |
| 10 Dependent care benefits 11 Nonqualified plans 12a Code See Inst. for box 12   |
|  |
| 13 Statutory employee 14 Other 12b Code  |
|  |
| Retirement plan 12c Code   |
| X  |
| Third-party sick pay 12d Code  |
|  |
| IL 6903319 1621.80 80.28   |
| 132,100  |
| 15 State Empir.'s state I.D.# 16 State wages, tips, etc. 17 State income tax   |
| 18 Local wages, tips, etc. 19 Local income tax 20 Locality name  |
|  |
| Form W-2 Wage and Tax Statement 2024 Dent. of the Treasury IRS   |