

Copy B To Be Filed With Employee's FEDERAL Tax Return		41-1628061 OMB No. 1545-0008	
a Employee's soc sec no 144-85-2516	1 Wages, tips, other comp. 1621.80	2 Federal income tax withheld 3.23	
	3 Social security wages	4 Social security tax withheld	
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 code 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 3201 Orioleway, Apt 7 BLOOMINGTON IL 61704			
f Employee's address and zip code			
7 Social security tips	8 Allocated tips	9 Verification Code	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee	14 Other	12b Code	
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
IL 6903319	1621.80	80.28	
15 State Empl.'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 **2021** Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service.

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		41-1628061 OMB No. 1545-0008	
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Form W-2 Wage and Tax Statement **2021** Dept. of the Treasury -- IRS

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of copy B.)		41-1628061 OMB No. 1545-0008	
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18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement **2021** Dept. of the Treasury -- IRS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

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