FORM W-2 Wage and Tax Statement Dept. of the Treasury . Internal Revenue Service Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2) 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 Beturns 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 This information is being furnished to the 1. WAGES, TIPS, OTHER, COMPENSATION 2 FEDERAL INCOME TAX WITHHELD OMB NO. 1545 - 0008 2021 01635786 489.43 0.00 Internal Revenue Service A EMPLOYEE'S SOCIAL SECURITY NUMBER B. EMPLOYER IDENTIFICATION NUMBER 3 SOCIAL SECURITY WAGES 4. SOCIAL SECURITY TAX WITHHELD 888-01-0696 56-1874931 C. EMPLOYER'S NAME ADDRESS AND ZIP CODE 5. MEDICARE WAGES AND TIPS 6 MEDICARE TAX WITHHELD COMPASS GROUP USA, INC. 2400 YORKMONT RD 8. ALLOCATED TIPS 7 SOCIAL SECURITY TIPS Statutory Third-Party Retirement CHARLOTTE, NC 28217 Employee Sick Pay 10. DEPENDENT CARE BENEFITS E EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME 11 NONQUALIFIED PLANS 12 a-d HIMASAI LAGHUVARAPU 9539E UNIVERSITY TERRACE DR CHARLOTTE 14 OTHER CAROLINA, NC 28262 F EMPLOYEE'S ADDRESS AND ZIP CODE 15 STATE EMPLOYER'S STATE ID. NO. 16. STATE WAGES, TIPS, ETC. 17 STATE INCOME TAX 18 LOCAL WAGES, TIPS, ETC. 19 LOCAL INCOME TAX 20 LOCALITY NAME NC 489.43 060068356 D. CONTROL NUMBER 2 FEDERAL INCOME TAX WITHHELD This information is being furnished to the I WAGES TIPS OTHER COMPENSATION OMB NO. 1545 - 0008 0.00 01635786 EAR ALONG PERFORATION 478090, 4NB Internal Revenue Service B. EMPLOYER IDENTIFICATION NUMBER A EMPLOYEE'S SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY TAX WITHHELD 3. SOCIAL SECURITY WAGES LD 56-1874931 888-01-0696 C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE 6. MEDICARE TAX WITHHELD 5. MEDICARE WAGES AND TIPS COMPASS GROUP USA, INC. 2400 YORKMONT RD 8 ALLOCATED TIPS 7 SOCIAL SECURITY TIPS CHARLOTTE, NC 28217 10. DEPENDENT CARE BENEFITS 12 a-d E EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF II NONQUALIFIED PLANS HIMASAI LAGHUVARAPU 9539E UNIVERSITY TERRACE DR CHARLOTTE 14. OTHER CAROLINA, NC 28262 Third-Party 13. Statutory Employee Sick Pay F EMPLOYEE'S ADDRESS AND ZIP CODE 18 LOCAL WAGES TIPS, ETC. 19. LOCAL INCOME TAX 20. LOCALITY NAME EMPLOYER'S STATE LD NO. 16 STATE WAGES, TIPS, ETC. 17 STATE INCOME TAX 489.43 NC 060068356 Dept. of the Treasury - Internal Revenue Service Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return 5057 FORM W-2 Wage and Tax Statement 1. WAGES, TIPS, OTHER, COMPENSATION FOLD AND T EAFFRE MICHETAFUR HETEDN D. CONTROL NUMBER This information is being furnished to the OMB NO. 1545 - 0008 0.00 01635786 Internal Revenue Service 4 SOCIAL SECURITY TAX WITHHELD A EMPLOYEE'S SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY WAGES B. EMPLOYER IDENTIFICATION NUMBER 888-01-0696 56-1874931 5 MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD C EMPLOYER'S NAME ADDRESS, AND ZIP CODE COMPASS GROUP USA, INC. 2400 YORKMONT RD 7 SOCIAL SECURITY TIPS 8 ALLOCATED TIPS CHARLOTTE, NC 28217 10. DEPENDENT CARE BENEFITS 11 NONQUALIFIED PLANS E EMPLOYEE'S FIRST NAME AND INITIAL HIMASAI LAGHUVARAPU 9539E UNIVERSITY TERRACE DR CHARLOTTE 14. OTHER CAROLINA, NC 28262 Third-Party 3. Statutory Retirement Employee F EMPLOYEE'S ADDRESS AND ZIP CODE 19 LOCAL INCOME TAX 20. LOCALITY NAME 18 LOCAL WAGES. TIPS, ETC. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME TAX EMPLOYER'S STATE I.D. NO. 15 STATE 489.43 060068356 Dept. of the Treasury - Internal Revenue Service 5057 Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return FORM W-2 Wage and Tax Statement 2. FEDERAL INCOME TAX WITHHELD 1. WAGES TIPS OTHER COMPENSATION OMB NO. 1545 - 0008 D. CONTROL NUMBER This information is being furnished to the 0.00 489.43 01635786 Internal Revenue Service 4. SOCIAL SECURITY TAX WITHHELD 3. SOCIAL SECURITY WAGES A EMPLOYEE'S SOCIAL SECURITY NUMBER B EMPLOYER IDENTIFICATION NUMBER 888-01-0696 56-1874931 6 MEDICARE TAX WITHHELD 5. MEDICARE WAGES AND TIPS C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE COMPASS GROUP USA, INC. 7 SOCIAL SECURITY TIPS 8. ALLOCATED TIPS 2400 YORKMONT RD CHARLOTTE, NC 28217 10. DEPENDENT CARE BENEFITS 12 a-d 11 NONQUALIFIED PLANS E EMPLOYEE'S FIRST NAME AND INITIAL SUFF HIMASAI LAGHUVARAPU 9539E UNIVERSITY TERRACE DR CHARLOTTE 14 OTHER CAROLINA, NC 28262 Third-Party 13. Statutory Retirement

Copy B To be filed with Employee's FEDERAL tax return FORM W-2 Wage and Tax Statement

6 STATE WAGES, TIPS, ETC.

489.43

F EMPLOYEE'S ADDRESS AND ZIP CODE

EMPLOYER'S STATE LD NO.

060068356

15 STATE

NC

5057

17. STATE INCOME TAX

Dept. of the Treasury - Internal Revenue Service

20. LOCALITY NAME

FOLD AND TEAR ALONG PERFORATION

Employee

19 LOCAL INCOME TAX

18. LOCAL WAGES, TIPS, ETC.