

1 Wages, tips, other compensation 62656.40		2 Federal Income tax withheld 11678.57	
3 Social security wages 62656.40		4 Social security tax withheld 3884.70	
5 Medicare wages and tips 62656.40		6 Medicare tax withheld 908.52	
a Employee's SSA number 880-75-7186		Employer use only	
b Employer's FED ID number 59-0324412		d Control number 01619028	
c Employer's name, address, and ZIP code PUBLIX SUPER MARKETS INC P.O. Box 32024 Lakeland FL 33802-2024 <b>P001-3-ISBUSAPP2-B026</b>			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 DD 221.83	
13 Statutory Employee Retirement plan Third-Party Sick pay		12b	
14 Other MISC 261.00		12c	
		12d	
e Employee's first name and initial Last name Suff. Lakshmi Mounika Cherukuri 3860 GOLF VILLAGE LOOP APT 3 LAKELAND FL 33809-4086			
f Employee's address and ZIP code			
15 State Employer's state ID		18 Local wages, tips, etc	
16 State wages, tips, etc.		19 Local income tax	
17 State income tax		20 Locality name	
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2021</b> Copy C for Employee's records			

1 Wages, tips, other compensation 62656.40		2 Federal Income tax withheld 11678.57	
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c Employer's name, address, and ZIP code PUBLIX SUPER MARKETS INC P.O. Box 32024 Lakeland FL 33802-2024			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 DD 221.83	
13 Statutory Employee Retirement plan Third-Party Sick pay		12b	
14 Other MISC 261.00		12c	
		12d	
e Employee's first name and initial Last name Suff. Lakshmi Mounika Cherukuri 3860 GOLF VILLAGE LOOP APT 3 LAKELAND FL 33809-4086			
f Employee's address and ZIP code			
15 State Employer's state ID		18 Local wages, tips, etc	
16 State wages, tips, etc.		19 Local income tax	
17 State income tax		20 Locality name	
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2021</b> Copy 2 To Be Filed With Employee's STATE Income Tax Return			

1 Wages, tips, other compensation 62656.40		2 Federal Income tax withheld 11678.57	
3 Social security wages 62656.40		4 Social security tax withheld 3884.70	
5 Medicare wages and tips 62656.40		6 Medicare tax withheld 908.52	
a Employee's SSA number 880-75-7186		Employer use only	
b Employer's FED ID number 59-0324412		d Control number 01619028	
c Employer's name, address, and ZIP code PUBLIX SUPER MARKETS INC P.O. Box 32024 Lakeland FL 33802-2024			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 DD 221.83	
13 Statutory Employee Retirement plan Third-Party Sick pay		12b	
14 Other MISC 261.00		12c	
		12d	
e Employee's first name and initial Last name Suff. Lakshmi Mounika Cherukuri 3860 GOLF VILLAGE LOOP APT 3 LAKELAND FL 33809-4086			
f Employee's address and ZIP code			
15 State Employer's state ID		18 Local wages, tips, etc	
16 State wages, tips, etc.		19 Local income tax	
17 State income tax		20 Locality name	
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2021</b> Copy B To Be Filed With Employee's FEDERAL Tax Return			

1 Wages, tips, other compensation 62656.40		2 Federal Income tax withheld 11678.57	
3 Social security wages 62656.40		4 Social security tax withheld 3884.70	
5 Medicare wages and tips 62656.40		6 Medicare tax withheld 908.52	
a Employee's SSA number 880-75-7186		Employer use only	
b Employer's FED ID number 59-0324412		d Control number 01619028	
c Employer's name, address, and ZIP code PUBLIX SUPER MARKETS INC P.O. Box 32024 Lakeland FL 33802-2024			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12 DD 221.83	
13 Statutory Employee Retirement plan Third-Party Sick pay		12b	
14 Other MISC 261.00		12c	
		12d	
e Employee's first name and initial Last name Suff. Lakshmi Mounika Cherukuri 3860 GOLF VILLAGE LOOP APT 3 LAKELAND FL 33809-4086			
f Employee's address and ZIP code			
15 State Employer's state ID		18 Local wages, tips, etc	
16 State wages, tips, etc.		19 Local income tax	
17 State income tax		20 Locality name	
Form OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2021</b> Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			