e Employee's first name and initial Last name (NUSHBOO PATEL 212 SAGECROFT LANE INDIAN TRAIL NC 28079)  1. Employee's address and 219 code 15 State 060068356 060068356 15 State vages, tips, etc. 17101.94  17 State income tax 687.00  Form 2 OMB. No. 1545-0008 Wage and Tax 202 Statement  Copy 8 To 8e Field With Employee's FEDERALT according to the company of the com	18 Local wages, tips, etc 19 Local income tax 20 Locality name Dept. of the Treasury - Internal Service	Revenue	15 State NC 16 State wage 17 State incor	address and Zi Empk 060068356 es, tips, etc. me tax OMB. No. 15: Wage a Stateme	17101.94 687.00 45-0008 nd Tax	3 Servic	ome tax ame of the Treasury - Inte	rnal Revenue
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Employee plan Sick pay	D	2009.12	14 Other	i βiaπ ⊠	C pay	D 12c		2009.12
13 Statutory Retirement Third-Party Employee plan Sick pay	C	76.99	13 Statutory Employee	Retirement	Third-Party Sick pay	12b	Tucations for box 12	76.99
9 11 Nonqualified plans	10 Dependent care benefits  12a See instructions for box 12		9 11 Nongualifie	ed plane			nt care benefits ructions for box 12	
7 Social security tips	8 Allocated tips		7 Social secur	rity tips		8 Allocated ti		
	STATEMENT				ISSUED S			
Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217				Compass 2400 York Charlotte I				
56-1874931 c Employer's name, address, and ZIP code	01649839		56-18749 c Employer's r	name, address,		0164983	39	
667-44-4436 b Employer's FED ID number	d Control number		667-44-4 b Employer's	436 FED ID number	r	d Control nur		
a Employee's SSA number	Employer use only	796.98	a Employee's		54963.92	Employer use	e only	796.98
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Copy C for Employee's records	<ul> <li>a negligence penalty or other sa imposed on you if this income is you fail to report it.</li> </ul>	taxable and		Statem Filed With Em	ent ZUZ ployee's STATE Income	Tax Return		
W-2 Wage and Tax 202	Dept, of the Treasury - Internal R Service. This information is bein the IRS. If you are required to fil a negligence penalty or other sa imposed on you if this income is you fail to report it.	Revenue g furnished to e a tax return,	₩-2	Wage a	nd Tax	Dept. of Service	f the Treasury - Interr	nal Revenue
17 State income tax 687.00	20 Locality name		17 State incor		687.00	20 Locality na	ame	
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212 SAGECROFT LANE INDIAN TRAIL NC 28079				INDIAN TE	CROFT LANE RAIL NC 28079			
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9	10 Dependent care benefits	$\overline{}$	9			10 Depender	nt care benefits	
7 Social security tips	8 Allocated tips		7 Social secur			8 Allocated ti		
Charlotte NC 28217	STATEMENT			Charlotte I	NC 28217	STATE	MENT	
Compass Group USA, Inc. 2400 Yorkmont Rd			c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd					
b Employer's FED ID number 56-1874931 c Employer's name, address, and ZIP code	d Control number 01649839		56-18749	931	and ZIP code	d Control nur 0164983	mber 39	
a Employee's SSA number 667-44-4436	Employer use only		a Employee's 667-44-4	SSA number 436 FED ID number		Employer use	,	
5 Medicare wages and tips 54963.92	6 Medicare tax withheld	796.98	5 Medicare wa		54963.92	6 Medicare to		796.98
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1 Wages, tips, other compensation 52954.80 3 Social security wages								

1 Wages, tips, other compensation	2 Federal Income tax withheld	1 Wages, tips, other compensation	2 Federal Income tax withheld		
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667-44-4436		667-44-4436			
b Employer's FED ID number 56-1874931	d Control number 01649839	b Employer's FED ID number 56-1874931	d Control number 01649839		
c Employer's name, address, and ZIP code		c Employer's name, address, and ZIP code			
Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217		Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
REISSUED S	STATEMENT 18 Allocated tips	REISSUED S	STATEMENT  8 Allocated tips		
7 Social security tips		7 Social security tips			
9	10 Dependent care benefits	9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a See instructions for box 12		
13 Statutory Retirement Third-Party Sick pay	12b	13 Statutory Retirement Third-Party Employee plan Sick pay	12b		
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e Employee's first name and initial Last nam	ne Suff.	e Employee's first name and initial Last nam	e Suff.		
KUSHBOO PATEL 212 SAGECROFT LANE INDIAN TRAIL NC 28079		KUSHBOO PATEL 212 SAGECROFT LANE INDIAN TRAIL NC 28079	-		
f Employee's address and ZIP code 15 State	18 Local wages, tips, etc	f Employee's address and ZIP code 15 State	18 Local wages, tips, etc		
AL WTH-0000306522 16 State wages, tips, etc.	37789.43	AL WTH-0000306522 16 State wages, tips, etc.	37789.43 19 Local income tax		
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17 State income tax 1475.01 _Form _ OMB. No. 1545-0008	Birmin Occupatn	1/ State income tax 1475.01 _Form _ OMB. No. 1545-0008	Birmin Occupatn		
	you fail to report it.	W-2 Wage and Tax 202 Statement Copy 2 To Be Filed With Employee's STATE Income	Tax Return		
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c Employer's name, address, and ZIP code	01040000	c Employer's name, address, and ZIP code	01040000		
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7 Social security tips	8 Allocated tips	7 Social security tips	8 Allocated tips		
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11 Nonqualified plans	12a See instructions for box 12	11 Nonqualified plans	12a See instructions for box 12		
	12b		126		
13 Statutory Retirement Third-Party Sick pay	120	13 Statutory Retirement Third-Party Employée plan Sick pay	120		
14 Other	12c	14 Other	12c		
	12d		12d		
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f Employee's address and ZIP code 15 State	18 Local wages, tips, etc 37789.43	f Employee's address and ZIP code	18 Local wages, tips, etc 37789.43		
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Form OMB. No. 1545-0008 Wage and Tax Statement 202		Form OMB. No. 1545-0008 Wage and Tax Statement 202	Dept. of the Treasury - Internal Revenue Service		
Copy B To Be Filed With Employee's FEDERAL Tax		Copy 2 To Be Filed With Employee's CITY or LOCA			