

1 Wages, tips, other compensation 3192.27		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number 661-28-6893		Employer use only	
b Employer's FED ID number 56-1874931		d Control number 01639571	
c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
<b>REISSUED STATEMENT</b>			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. NAGA VENKATA SAI HARSHINI VINNAKOTA 1242 E.ELM ST. APT.D SPRINGFIELD MO 65802			
f Employee's address and ZIP code			
15 State MO	Employer's state ID 15553248	18 Local wages, tips, etc.	
16 State wages, tips, etc. 3192.27		19 Local income tax	
17 State income tax		20 Locality name	
Form <b>W-2 Wage and Tax Statement 2021</b> OMB No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Copy C for Employee's records			

1 Wages, tips, other compensation 3192.27		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number 661-28-6893		Employer use only	
b Employer's FED ID number 56-1874931		d Control number 01639571	
c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
<b>REISSUED STATEMENT</b>			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. NAGA VENKATA SAI HARSHINI VINNAKOTA 1242 E.ELM ST. APT.D SPRINGFIELD MO 65802			
f Employee's address and ZIP code			
15 State MO	Employer's state ID 15553248	18 Local wages, tips, etc.	
16 State wages, tips, etc. 3192.27		19 Local income tax	
17 State income tax		20 Locality name	
Form <b>W-2 Wage and Tax Statement 2021</b> OMB No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's STATE Income Tax Return			

1 Wages, tips, other compensation 3192.27		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number 661-28-6893		Employer use only	
b Employer's FED ID number 56-1874931		d Control number 01639571	
c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
<b>REISSUED STATEMENT</b>			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. NAGA VENKATA SAI HARSHINI VINNAKOTA 1242 E.ELM ST. APT.D SPRINGFIELD MO 65802			
f Employee's address and ZIP code			
15 State MO	Employer's state ID 15553248	18 Local wages, tips, etc.	
16 State wages, tips, etc. 3192.27		19 Local income tax	
17 State income tax		20 Locality name	
Form <b>W-2 Wage and Tax Statement 2021</b> OMB No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Copy B To Be Filed With Employee's FEDERAL Tax Return			

1 Wages, tips, other compensation 3192.27		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number 661-28-6893		Employer use only	
b Employer's FED ID number 56-1874931		d Control number 01639571	
c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
<b>REISSUED STATEMENT</b>			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. NAGA VENKATA SAI HARSHINI VINNAKOTA 1242 E.ELM ST. APT.D SPRINGFIELD MO 65802			
f Employee's address and ZIP code			
15 State MO	Employer's state ID 15553248	18 Local wages, tips, etc.	
16 State wages, tips, etc. 3192.27		19 Local income tax	
17 State income tax		20 Locality name	
Form <b>W-2 Wage and Tax Statement 2021</b> OMB No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			