		a Employee's number ******	social security	lo. 1545-00	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.						
b Employer identification number (EIN) 37-6013590					:	1 Wages, tips, other compensation 3276.00				2 Federal income tax withheld	
c Employer's name, address, and ZIP code Eastern Illinois University 600 Lincoln Avenue Charleston IL 61920						3 Social security wages				4 Social security tax withheld	
					!	5 Medicare wages and tips				6 Medicare tax withheld	
					7	7 Social security tips				8 Allocated tips	
d Control number 2506					9	9				10 Dependent care benefits	
e Employee's first name and initial Sri Pooja		Last name Suff. Rangineni			11 Nonqualified plans .00				12 See Instructions for box 12		
f Employee's address and ZIP code 1430 9th St Charleston IL 61920-2816					-	13 Statutory Retirement Third-party employee plan sick pay [] [] []					
					:						
	Employer's state ID 376013590		16 State wages, tips, et 32	cc. 1 7	7 State inco	me tax 162.16	18 Local wages, t	tips, etc.	19 Loca	Il income tax	20 Locality name

Form W-2 Wage and Tax Statement