	a Emplo number ******		омв г	This information is being furnished to the are required to file a tax return, a neglig OMB No. 1545-0008 may be imposed on you if this income is					ence penalty or other sanction		
b Employer identification number (EIN) 37-6013590					1 Wages, tips, other compensation 1193.76				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 Social security tips				8 Allocated tips		
d Control r 2228	number				9				10 Dependent	care benefits	
e Employee's first name and initial Last name Shantan Mukesh Nimmagadda			Su	iff.	11 Nonqualified plans .			.00	0 12 See Instructions for box 12		
f Employee's address and ZIP code HNO: 2-16, STREET NO 2, NEAR GANGANAMMA					13 Statutory employee []	Retirement plan []	Third-party sick pay []	′			
KRISHNA ! India	521286			-	14 Other						
15 State IL	Employer's state ID number 376013590		etc. 1	7 State inco	59.09 18	8 Local wages, ti	ips, etc.		il income tax	20 Locality name	

Form W-2 Wage and Tax Statement

2022

Department of Treasury - Internal Revenue Service