	a Employee's social security number *******	OMB No. 1545	This information is being furnished to the are required to file a tax return, a neglig-0008 may be imposed on you if this income is	ence penalty or other sanction
<b>b</b> Employer identification number (EIN) 37-6013590			1 Wages, tips, other compensation 195.	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
			<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld
			<b>7</b> Social security tips	8 Allocated tips
<b>d</b> Control number 554			9	10 Dependent care benefits
e Employee's first name and initial  Swetha  Chintala  f Employee's address and ZIP code  H No 6-2-626/20 Plot No 304 Sri Nagar Co		Suff.	11 Nonqualified plans	00 <b>12</b> See Instructions for box 12
			13 Statutory Retirement Third-party employee plan sick pay [ ] [ ] [ ]	
11 NO 0 2 020/20 1 10t NO 30	4 311 Nagar Co		14 Other	
Nalgonda 508001 India				
<b>15</b> State Employer's state IL 376013590	ID number <b>16</b> State wages, tip	es, etc. <b>17</b> State i	ncome tax 9.65 <b>18</b> Local wages, tips, etc. <b>19</b> L	ocal income tax 20 Locality name