	a Employ number ******	ee's social security *	OMB No. 154	45-0008	are req	uired to file a tax	nation is being furnished to the Internal Revenue Service. If you ed to file a tax return, a negligence penalty or other sanction aposed 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 995.52				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 number 2435				9	9				10 Dependent care benefits		
e Employee's first name and initial Last name Gowhitha Pinnu			Suff.	11 N	11 Nonqualified plans .00				12 See Instructions for box 12		
f Employee's address and ZIP code 1639 7th St Apt 201				er	13 Statutory Retirement Third-party employee plan sick pay						
Charleston IL 6	51920-3493			14 O	ther						
	ployer's state ID number 013590	16 State wages, tips, e	tc. 17 State 995.52	e income t	tax 18 49.27	3 Local wages, ti	ps, etc.	19 Loca	al income tax	20 Locality name	

Form W-2 Wage and Tax Statement

2022

Department of Treasury - Internal Revenue Service