FORM W-2 Wage and Tax Statement

Dept. of the Treasury . Internal Reven. / Service Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2) 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 fall to report it. These substitute W-2 Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents All copies of your W-2 are on this page, separated by perforations. The white copies are for your tax returns; the blue copy is for your records. General instructions for these forms, including an explanation of the letter codes used in box 12 are on the other side of the page. CONTROL NUMBER OMB NO. 1545-0008 01311058 EMPLOYER IDENTIFICATION NUMBER SOCIAL SECURITY NUMBER 56-1874931 EMPLOYER'S NAME ADDRESS AND ZIP CODE MEDICARE WAGES AND TIP MEDICARE TAX WITHHELD COMPASS GROUP USA, INC 2400 YORKMONT RD CHARLOTTE, NC 28217 Statutory Employee 10 DEPENDANT CARE BENEFITS HARSHAVARDHAN R CHUNDURI 501 NAGLE STREET 101 COLLEGE STATION, TX 77840 F EMPLOYEE'S ADDRESS AND ZIPCODE 15 STATE | EMPLOYER'S STATE LD NO 16 STATE WAGES TIPS ETC 17 STATE INCOME TAX 18 LOGAL WAGES, TIPS, ETC. 19 LOCAL INCOME TAX O LOCALITY NAME

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Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return FORM W-2 Wage and Tax Statement

2019

Dept. of the Treasury - Internal Revenue

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2400 YORKMONT RD CHARLOTTE, NC 28217 ID DEPENDANT CARE BENEFITS II NONQUALIFIED PLANS EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME HARSHAVARDHAN R CHUNDURI

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Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return FURM W-2 Wage and Tax Statement

2019



Dept. of the Treasury - Internal Revenue Service

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