		Employee's : ******	social security number	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 OMB No. 1545-0008 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 189.80				me tax withheld
c Employer's name, address, and ZIP code Eastern Illinois University 600 Lincoln Avenue					3 Social security wages			4 Social security tax withheld	
Charleston IL 61920					Medicare wages and tips Social security tips			6 Medicare tax withheld	
								8 Allocated tips	
d Control number 196					9			10 Dependent care benefits	
e Employee's first name and initial Yamini		Last name Banothu	Suff.	11 Nonqualified plans 0.			0 12 See Instructions for box 12		
1028 9th St Lowr Charleston IL 61920-2814				13 Statutory employee	Retirement plan []	Third-party sick pay []			
f Employee's address and ZIP code					14 Other				
	Employer's state ID n 376013590	umber	16 State wages, tips, etc. 189.80	17 State incom	ne tax 9.39	18 Local wages, tips, etc	e. 19 Local incom	e tax	20 Locality name

Form W-2 Wage and Tax Statement