		: Employee's : *******	social security number	OMB No. 154	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 fail to report it.					
b Employer identification number (EIN) 37-6013590					1 Wages, tips, other compensation 3602.17			2 Federal income 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					5 Medicare wages and tips				6 Medicare tax withheld	
					7 Social security tips				8 Allocated tips	
d Control number 1642					9			10 Dependent care benefits		
		Last name Kalusani	Suff.	11 Nonqualified plans 0.			0 12 See Instructions for box 12			
1202 Lincoln Ave Apt 12 Charleston IL 61920-3052				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. 3602.17	17 State incom	ne tax 178.30	18 Local wages, tips, etc	. 19 Local incom	e tax	20 Locality name	

Form W-2 Wage and Tax Statement