	a En *****	nployee's social security number	OMB No. 154	This information is being furnished to the Internal Re are required to file a tax return, a negligence penalty 0MB No. 1545-0008 may be imposed on you if this income is taxable and				ner sanction
b Employer identification number (EIN) 37-6013590				1 Wages, tips, other compensation 2476.32			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 secu	rity tips		8 Allocated tip	os .
d Control number 1714				9			10 Dependent care benefits	
e Employee's first name and initial Last name Mounika Kolan			Suff.	11 Nonqualified plans 0			12 See Instructions for box 12	
Hno:4-55,Perralagudam,Mazidpur,Abdullapu Hyderabad 501512 India		bdullapu		13 Statutory employee	Retirement plan	Third-party sick pay []		
f Employee's address and ZIP code				14 Other				
	Employer's state ID num 376013590	ber 16 State wages, tips, etc. 2476.32	17 State incom	e income tax 18 Local wages, tips, etc. 19 Local incom		e tax	20 Locality name	

Form W-2 Wage and Tax Statement