	a Employe *********	e's social security number	This information is being furnished to the Inte are required to file a tax return, a negligence p OMB No. 1545-0008 may be imposed on you if this income is taxa				penalty or oth	er sanction	
b Employer identification number (EIN) 37-6013590				1 Wages, tips, other compensation 547.56			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 1584			9			10 Dependent care benefits			
e Employee's first name and initial Last name Vishal Kadamanda		Suff.	11 Nonqualified plans 0		0.00	12 See Instru	ctions for box 12		
10-5-592 Thukaram Gate North Lallaguda,S Hyderabad 500017 India				13 Statutory Retirement Third-party employee plan sick pay [] [] []					
f Employee's address and ZIP code				14 Other					
15 State IL	Employer's state ID number 376013590	16 State wages, tips, etc. 547.56	17 State incom	ne tax 27.11	18 Local wages, tips, etc.	19 Local incom	e tax	20 Locality name	
Form W-2 Wage and Tax Statement				2022			Department of Treasury - Internal Revenue Service		