

| | | | |
|---|--------------------------|---------------------------------|----------|
| 1 Wages, tips, other compensation | 3023.03 | 2 Federal Income tax withheld | 0.28 |
| 3 Social security wages | 3023.03 | 4 Social security tax withheld | 187.43 |
| 5 Medicare wages and tips | 3023.03 | 6 Medicare tax withheld | 43.83 |
| a Employee's SSA number | 085-91-9125 | Employer use only | |
| b Employer's FED ID number | 56-1874931 | d Control number | 10247278 |
| c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217 | | | |
| REISSUED STATEMENT | | | |
| 7 Social security tips | | 8 Allocated tips | |
| 9 | | 10 Dependent care benefits | |
| 11 Nonqualified plans | | 12a See instructions for box 12 | |
| 13 Statutory Employee | Retirement plan | Third-Party Sick pay | 12b |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14 Other | | | 12c |
| | | | 12d |
| e Employee's first name and initial Last name Suff. KRUSHI D DAMANIA 823 S CARPENTER ST UNIT 2 CHICAGO IL 60607 | | | |
| f Employee's address and ZIP code | | | |
| 15 State | Employer's state ID | 18 Local wages, tips, etc | |
| IL | 56-1874931 | 19 Local income tax | |
| 16 State wages, tips, etc. | 3023.03 | 20 Locality name | |
| 17 State income tax | 114.65 | | |
| Form OMB: No. 1545-0008 Dept. of the Treasury - Internal Revenue Service W-2 Wage and Tax Statement 2023 Copy C for Employee's records | | | |

| | | | |
|--|--------------------------|---------------------------------|----------|
| 1 Wages, tips, other compensation | 3023.03 | 2 Federal Income tax withheld | 0.28 |
| 3 Social security wages | 3023.03 | 4 Social security tax withheld | 187.43 |
| 5 Medicare wages and tips | 3023.03 | 6 Medicare tax withheld | 43.83 |
| a Employee's SSA number | 085-91-9125 | Employer use only | |
| b Employer's FED ID number | 56-1874931 | d Control number | 10247278 |
| c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217 | | | |
| REISSUED STATEMENT | | | |
| 7 Social security tips | | 8 Allocated tips | |
| 9 | | 10 Dependent care benefits | |
| 11 Nonqualified plans | | 12a See instructions for box 12 | |
| 13 Statutory Employee | Retirement plan | Third-Party Sick pay | 12b |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14 Other | | | 12c |
| | | | 12d |
| e Employee's first name and initial Last name Suff. KRUSHI D DAMANIA 823 S CARPENTER ST UNIT 2 CHICAGO IL 60607 | | | |
| f Employee's address and ZIP code | | | |
| 15 State | Employer's state ID | 18 Local wages, tips, etc | |
| IL | 56-1874931 | 19 Local income tax | |
| 16 State wages, tips, etc. | 3023.03 | 20 Locality name | |
| 17 State income tax | 114.65 | | |
| Form OMB: No. 1545-0008 Dept. of the Treasury - Internal Revenue Service W-2 Wage and Tax Statement 2023 Copy 2 To Be Filed With Employee's STATE Income Tax Return | | | |

| | | | |
|---|--------------------------|---------------------------------|----------|
| 1 Wages, tips, other compensation | 3023.03 | 2 Federal Income tax withheld | 0.28 |
| 3 Social security wages | 3023.03 | 4 Social security tax withheld | 187.43 |
| 5 Medicare wages and tips | 3023.03 | 6 Medicare tax withheld | 43.83 |
| a Employee's SSA number | 085-91-9125 | Employer use only | |
| b Employer's FED ID number | 56-1874931 | d Control number | 10247278 |
| c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217 | | | |
| REISSUED STATEMENT | | | |
| 7 Social security tips | | 8 Allocated tips | |
| 9 | | 10 Dependent care benefits | |
| 11 Nonqualified plans | | 12a See instructions for box 12 | |
| 13 Statutory Employee | Retirement plan | Third-Party Sick pay | 12b |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14 Other | | | 12c |
| | | | 12d |
| e Employee's first name and initial Last name Suff. KRUSHI D DAMANIA 823 S CARPENTER ST UNIT 2 CHICAGO IL 60607 | | | |
| f Employee's address and ZIP code | | | |
| 15 State | Employer's state ID | 18 Local wages, tips, etc | |
| IL | 56-1874931 | 19 Local income tax | |
| 16 State wages, tips, etc. | 3023.03 | 20 Locality name | |
| 17 State income tax | 114.65 | | |
| Form OMB: No. 1545-0008 Dept. of the Treasury - Internal Revenue Service W-2 Wage and Tax Statement 2023 Copy B To Be Filed With Employee's FEDERAL Tax Return | | | |

| | | | |
|--|--------------------------|---------------------------------|----------|
| 1 Wages, tips, other compensation | 3023.03 | 2 Federal Income tax withheld | 0.28 |
| 3 Social security wages | 3023.03 | 4 Social security tax withheld | 187.43 |
| 5 Medicare wages and tips | 3023.03 | 6 Medicare tax withheld | 43.83 |
| a Employee's SSA number | 085-91-9125 | Employer use only | |
| b Employer's FED ID number | 56-1874931 | d Control number | 10247278 |
| c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217 | | | |
| REISSUED STATEMENT | | | |
| 7 Social security tips | | 8 Allocated tips | |
| 9 | | 10 Dependent care benefits | |
| 11 Nonqualified plans | | 12a See instructions for box 12 | |
| 13 Statutory Employee | Retirement plan | Third-Party Sick pay | 12b |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14 Other | | | 12c |
| | | | 12d |
| e Employee's first name and initial Last name Suff. KRUSHI D DAMANIA 823 S CARPENTER ST UNIT 2 CHICAGO IL 60607 | | | |
| f Employee's address and ZIP code | | | |
| 15 State | Employer's state ID | 18 Local wages, tips, etc | |
| IL | 56-1874931 | 19 Local income tax | |
| 16 State wages, tips, etc. | 3023.03 | 20 Locality name | |
| 17 State income tax | 114.65 | | |
| Form OMB: No. 1545-0008 Dept. of the Treasury - Internal Revenue Service W-2 Wage and Tax Statement 2023 Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return | | | |