

1 Wages, tips, other compensation	1594.04	2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number	706-82-3589	Employer use only	
b Employer's FED ID number	56-1874931	d Control number	10163305
c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
<b>REISSUED STATEMENT</b>			
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. AJINKYA SNEHALRAJ PATIL 117 HOLLEMAN DR W GATEWAY BLDG 11302 D COLLEGE STATION TX 77840			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc.	
16 State wages, tips, etc.		19 Local income tax	
17 State income tax		20 Locality name	
Form OMB: No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2023</b> Copy C for Employee's records			

1 Wages, tips, other compensation	1594.04	2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number	706-82-3589	Employer use only	
b Employer's FED ID number	56-1874931	d Control number	10163305
c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
<b>REISSUED STATEMENT</b>			
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. AJINKYA SNEHALRAJ PATIL 117 HOLLEMAN DR W GATEWAY BLDG 11302 D COLLEGE STATION TX 77840			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc.	
16 State wages, tips, etc.		19 Local income tax	
17 State income tax		20 Locality name	
Form OMB: No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2023</b> Copy 2 To Be Filed With Employee's STATE Income Tax Return			

1 Wages, tips, other compensation	1594.04	2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number	706-82-3589	Employer use only	
b Employer's FED ID number	56-1874931	d Control number	10163305
c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
<b>REISSUED STATEMENT</b>			
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. AJINKYA SNEHALRAJ PATIL 117 HOLLEMAN DR W GATEWAY BLDG 11302 D COLLEGE STATION TX 77840			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc.	
16 State wages, tips, etc.		19 Local income tax	
17 State income tax		20 Locality name	
Form OMB: No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2023</b> Copy B To Be Filed With Employee's FEDERAL Tax Return			

1 Wages, tips, other compensation	1594.04	2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number	706-82-3589	Employer use only	
b Employer's FED ID number	56-1874931	d Control number	10163305
c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
<b>REISSUED STATEMENT</b>			
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. AJINKYA SNEHALRAJ PATIL 117 HOLLEMAN DR W GATEWAY BLDG 11302 D COLLEGE STATION TX 77840			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc.	
16 State wages, tips, etc.		19 Local income tax	
17 State income tax		20 Locality name	
Form OMB: No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2023</b> Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			