d Control number	1 Wages, tips, other compr. vation	2 Federal income tax withheld	d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
OND NO 1515 DOOR	30035.07	3435.21		30035.07	3435.21
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld	OMB NO. 1545-0008	3 Social security wages	
	Medicare wages and tips	6 Medicare tax withheld		5 Medicare wages and tips	6 Medicare tax withheld
No. of the Contract of the Con	EX DRIVE OVE HEIGHT MN 55	5077	c Employer's name a CHS INC. 5500 CENE MS 462 INVER GRO	EX DRIVE	5077
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	•
10 Dependent care be	nefits 11 Nonqualified plans	12a C 6.60	10 Dependent care ber	efits 11 Nonqualified plans	12a C 6.60
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W-2 Wage and Tax 17 State income tax 1706,06				and Tax 17 State income tax 1706.06	18 Local wages, tips, etc.
With Employee State, City, or Income Tax Re	e's 19 Local income tax	20 Locality name	Copy 2 To Be Fi With Employee's State, City, or Lo Income Tax Ret	19 Local income tax	20 Locality name
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13 Statutory Refirem plan	ent Third-party sick pay	732-73-4037	13 Statutory employee plan X e Employee's name, a	ent Third-party 14 Other sick pay	132-13-4051
	nand Gattu y Street c127	This information is being furnished to the internal Review Service. If you are required to file a tax return, a negligence per common property of the service of the servic	Shankar A 401 Sible St Paul M	nand Gattu y Street c127 N 55101	50 m
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Copy C For EMPLOYEE'S RE		20 Locality name	Copy B To Be Fil With Employee's FEDERAL Tax Re	19 Local income tax	20 Locality name
(See Notice to Emp back of Copy B.)			16-0331690		ent of the Treasury-Internal Revenue Service