		: Employee 's s *******	ocial security number	This information is being furnished to the Intern are required to file a tax return, a negligence pen OMB No. 1545-0008 may be imposed on you if this income is taxable				enalty or oth	er sanction
b Employer identification number (EIN) 37-6013590					1 Wages, tips, other compensation 2527.46			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 2384					9			10 Dependent care benefits	
e Employee's first name and initial Youshita Goud		Last name Pabathi	Suff.	11 Nonqualified plans 0.		0.00	12 See Instructions for box 12		
17 Ridge Run SE Apt P Marietta GA 30067-8228				13 Statutory employee []	Retirement plan []	Third-party sick pay []			
f Employee's address and ZIP code				14 Other					
	Employer's state ID n 376013590	umber 1	6 State wages, tips, etc. 2527.46	17 State incom	ne tax 125.11	18 Local wages, tips, etc	c. 19 Local incom	e tax	20 Locality name

Form W-2 Wage and Tax Statement