		: Employee's : *******	social security number	OMB No. 154	This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.					
b Employer identification number (EIN) 37-6013590					1 Wages, tips, other compensation 8509.28			2 Federal income tax withheld 4.49		
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 1928					9			10 Dependent care benefits		
e Employee's first name and initial Last name Rohan Malipeddi		Suff.	11 Nonqualified plans 0			12 See Instructions for box 12				
1041 7th St Apt 403 Charleston IL 61920-2809			13 Statutory employee []	Retirement plan []	Third-party sick pay []					
f Employee's address and ZIP code				14 Other						
	Employer's state ID n 376013590	,		17 State incom	e tax 421.21	18 Local wages, tips, etc	ages, tips, etc. 19 Local incom		20 Locality name	

Form W-2 Wage and Tax Statement