

| | | | |
|--|---------------------|---------------------------------|--|
| 1 Wages, tips, other compensation | | 2 Federal Income tax withheld | |
| 8935.94 | | 2.73 | |
| 3 Social security wages | | 4 Social security tax withheld | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| a Employee's SSA number | | Employer use only | |
| 421-77-7737 | | | |
| b Employer's FED ID number | | d Control number | |
| 56-1874931 | | 10162929 | |
| 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 | |
| 14 Other | | 12c | |
| | | 12d | |
| e Employee's first name and initial Last name Suff. | | | |
| SINDHU KOTTAM 1257 EAST CHERRY STREET APT201 SPRINGFIELD MO 65802 | | | |
| f Employee's address and ZIP code | | | |
| 15 State | Employer's state ID | 18 Local wages, tips, etc | |
| MO | 15553248 | 19 Local income tax | |
| 16 State wages, tips, etc. | | 20 Locality name | |
| 8935.94 | | | |
| 17 State income tax | | | |
| 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 | | 2 Federal Income tax withheld | |
| 8935.94 | | 2.73 | |
| 3 Social security wages | | 4 Social security tax withheld | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| a Employee's SSA number | | Employer use only | |
| 421-77-7737 | | | |
| b Employer's FED ID number | | d Control number | |
| 56-1874931 | | 10162929 | |
| 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 | |
| 14 Other | | 12c | |
| | | 12d | |
| e Employee's first name and initial Last name Suff. | | | |
| SINDHU KOTTAM 1257 EAST CHERRY STREET APT201 SPRINGFIELD MO 65802 | | | |
| f Employee's address and ZIP code | | | |
| 15 State | Employer's state ID | 18 Local wages, tips, etc | |
| MO | 15553248 | 19 Local income tax | |
| 16 State wages, tips, etc. | | 20 Locality name | |
| 8935.94 | | | |
| 17 State income tax | | | |
| 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 | | 2 Federal Income tax withheld | |
| 8935.94 | | 2.73 | |
| 3 Social security wages | | 4 Social security tax withheld | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| a Employee's SSA number | | Employer use only | |
| 421-77-7737 | | | |
| b Employer's FED ID number | | d Control number | |
| 56-1874931 | | 10162929 | |
| 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 | |
| 14 Other | | 12c | |
| | | 12d | |
| e Employee's first name and initial Last name Suff. | | | |
| SINDHU KOTTAM 1257 EAST CHERRY STREET APT201 SPRINGFIELD MO 65802 | | | |
| f Employee's address and ZIP code | | | |
| 15 State | Employer's state ID | 18 Local wages, tips, etc | |
| MO | 15553248 | 19 Local income tax | |
| 16 State wages, tips, etc. | | 20 Locality name | |
| 8935.94 | | | |
| 17 State income tax | | | |
| 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 | | 2 Federal Income tax withheld | |
| 8935.94 | | 2.73 | |
| 3 Social security wages | | 4 Social security tax withheld | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| a Employee's SSA number | | Employer use only | |
| 421-77-7737 | | | |
| b Employer's FED ID number | | d Control number | |
| 56-1874931 | | 10162929 | |
| 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 | |
| 14 Other | | 12c | |
| | | 12d | |
| e Employee's first name and initial Last name Suff. | | | |
| SINDHU KOTTAM 1257 EAST CHERRY STREET APT201 SPRINGFIELD MO 65802 | | | |
| f Employee's address and ZIP code | | | |
| 15 State | Employer's state ID | 18 Local wages, tips, etc | |
| MO | 15553248 | 19 Local income tax | |
| 16 State wages, tips, etc. | | 20 Locality name | |
| 8935.94 | | | |
| 17 State income tax | | | |
| 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 | | | |