

1 Wages, tips, other compensation 1426.36		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 819-61-5282		Employer use only	
b Employer's FED ID number 56-1874931		d Control number 10333960	
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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. ADITHYA BHALAJI 117 HOLLEMAN DR W APT 5303 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 W-2 OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Wage and Tax Statement 2023 Copy C for Employee's records			

1 Wages, tips, other compensation 1426.36		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 819-61-5282		Employer use only	
b Employer's FED ID number 56-1874931		d Control number 10333960	
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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. ADITHYA BHALAJI 117 HOLLEMAN DR W APT 5303 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 W-2 OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Wage and Tax Statement 2023 Copy 2 To Be Filed With Employee's STATE Income Tax Return			

1 Wages, tips, other compensation 1426.36		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 819-61-5282		Employer use only	
b Employer's FED ID number 56-1874931		d Control number 10333960	
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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. ADITHYA BHALAJI 117 HOLLEMAN DR W APT 5303 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 W-2 OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Wage and Tax Statement 2023 Copy B To Be Filed With Employee's FEDERAL Tax Return			

1 Wages, tips, other compensation 1426.36		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 819-61-5282		Employer use only	
b Employer's FED ID number 56-1874931		d Control number 10333960	
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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. ADITHYA BHALAJI 117 HOLLEMAN DR W APT 5303 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 W-2 OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Wage and Tax Statement 2023 Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			