

1 Wages, tips, other compensation	1813.33	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	Employer use only		
381-67-2123			
b Employer's FED ID number		d Control number	10176802
56-1874931			
c Employer's name, address, and ZIP code			
Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
<b>REISSUED STATEMENT</b>			
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	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12c	
14 Other		12d	
e Employee's first name and initial Last name Suff.			
AADITYA HOLANI 117 HOLLEMAN DRIVE WEST 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 OMB: No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2023</b> Copy C To Be Filed With Employee's records			

1 Wages, tips, other compensation	1813.33	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	Employer use only		
381-67-2123			
b Employer's FED ID number		d Control number	10176802
56-1874931			
c Employer's name, address, and ZIP code			
Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
<b>REISSUED STATEMENT</b>			
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	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12c	
14 Other		12d	
e Employee's first name and initial Last name Suff.			
AADITYA HOLANI 117 HOLLEMAN DRIVE WEST 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 OMB: No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2023</b> Copy 2 To Be Filed With Employee's STATE Income Tax Return			

1 Wages, tips, other compensation	1813.33	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	Employer use only		
381-67-2123			
b Employer's FED ID number		d Control number	10176802
56-1874931			
c Employer's name, address, and ZIP code			
Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
<b>REISSUED STATEMENT</b>			
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	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12c	
14 Other		12d	
e Employee's first name and initial Last name Suff.			
AADITYA HOLANI 117 HOLLEMAN DRIVE WEST 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 OMB: No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2023</b> Copy B To Be Filed With Employee's FEDERAL Tax Return			

1 Wages, tips, other compensation	1813.33	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	Employer use only		
381-67-2123			
b Employer's FED ID number		d Control number	10176802
56-1874931			
c Employer's name, address, and ZIP code			
Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
<b>REISSUED STATEMENT</b>			
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	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12c	
14 Other		12d	
e Employee's first name and initial Last name Suff.			
AADITYA HOLANI 117 HOLLEMAN DRIVE WEST 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 OMB: No. 1545-0008 Dept. of the Treasury - Internal Revenue Service <b>W-2 Wage and Tax Statement 2023</b> Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			