

|   |  |   |   |  |                                    |                                       |  |
|---|--|---|---|--|------------------------------------|---------------------------------------|--|
|   |  | <b>a Employee's social security number</b><br>***** |   | 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. |                                    |                                       |  |
|   |  | OMB No. 1545-0008                                   |   |  |                                    |                                       |  |
| <b>b Employer identification number (EIN)</b><br>37-6013590   |  |   | <b>1 Wages, tips, other compensation</b><br>1236.43 |  |                                    | <b>2 Federal income tax withheld</b>  |  |
| <b>c Employer's name, address, and ZIP code</b><br>Eastern Illinois University<br>600 Lincoln Avenue<br>Charleston IL 61920 |  |   | <b>3 Social security wages</b>                      |  |                                    | <b>4 Social security tax withheld</b> |  |
|   |  |   | <b>5 Medicare wages and tips</b>                    |  |                                    | <b>6 Medicare tax withheld</b>        |  |
|   |  |   | <b>7 Social security tips</b>                       |  |                                    | <b>8 Allocated tips</b>               |  |
| <b>d Control number</b><br>3093   |  |   | <b>9</b>  |  |                                    | <b>10 Dependent care benefits</b>     |  |
| <b>e Employee's first name and initial</b><br>Saivikas  |  | <b>Last name</b><br>Thumu                           | <b>Suff.</b>  | <b>11 Nonqualified plans</b><br>0.00   |                                    | <b>12 See Instructions for box 12</b> |  |
| 1515 9th St Apt 7<br>Charleston IL 61920-4807   |  |   | <b>13 Statutory employee</b><br>[ ]                 | <b>Retirement plan</b><br>[ ]  | <b>Third-party sick pay</b><br>[ ] |                                       |  |
| <b>f Employee's address and ZIP code</b>  |  |   | <b>14 Other</b>                                     |  |                                    |                                       |  |
| <b>15 State</b><br>IL   | <b>Employer's state ID number</b><br>376013590 | <b>16 State wages, tips, etc.</b><br>1236.43        | <b>17 State income tax</b><br>61.20                 | <b>18 Local wages, tips, etc.</b>  | <b>19 Local income tax</b>         | <b>20 Locality name</b>               |  |

Form W-2 Wage and Tax Statement

2023

Department of Treasury - Internal Revenue Service