## FORM W-2 Wage and Tax Statement Copy C for Employee's Records

Department of Treasury - Internal Revenue Service

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.

separated by instructions explanation	or your W-2 ay y perforation s for these; of the lett he other side	forms, index	al cluding an used in box				Taxour S
D. CONTROL NUMBER	The latest transfer to the same of the sam						
10185054  B EMPLOYER IDENTIFICATION N	This information is being furnished Internal Revenue Service NUMBER (EIN)	2023	OMB NO. 1545 - 0		2192.83 2 FEC	DEFAL INCOME TAX WITHHELD	23.76
56-1874931 C. EMPLOYER'S NAME, ADDRES	SS, AND ZIP CODE	862-	21-5194	3. SOCIAL SECURITY WAGES	2192.83	CIAL SECURITY TAX WITHHELD	135.96
2400 YORKMONT	USA, INC.			5. MEDICARE WAGES AND TIPE	2192.83 6 MED	DICARE TAX WITHHELD	31.80
CHARLOTTE, NC	28217	13. Statut Emplo		and the same of th	8 ALLO	OCATED TIPS	02100
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33SOUTH 3RD ST SAN JOSE, CA	TREET APT329		-	14. OTHER	12.6-4	See instructions for box 12	
F EMPLOYEE'S ADDRESS AND				CA SDI	19.74		
15. STATE EMPLOYER'S 8 CA 410-6138-	STATE I.D. NO. 16. 8T	ATE WAGES, TIPS, ETC. 219	17. STATE INCOME TAX	18. LOCAL WAGES, TIP	8, ETC. 19, LOCAL INCOME TAX	20. LOCALITY NAME	
D CONTROL NUMBER	This information is being furni	shed to the					
B. EMPLOYER IDENTIFICATION 56-1874931		A EMPLOYEE'S SOC	OMB NO. 1545 - 000		2192.83	EDERAL INCOME TAX WITHHELI	23.76
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E EMPLOYERS				CA SDI	19.74		
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FORM W-2 Wage	and Tax Staten	nent		123	De	pt. of the Treasury - Inte	emal Revenue Service
D CONTROL NUMBER 10185054	This information is being fur internal Revenue Service	mished to the	OMB NO. 1545 - 00	OR 1. WAGES, TIPS, OTHER COM	PENSATION 2	FEDERAL INCOME TAX WITHHEI	
56-1874931		A EMPLOYEE'S SO 862-21-	CIAL SECURITY NUMBER	3. SOCIAL SECURITY WAGES	2192.83	SOCIAL SECURITY TAX WITHHE	23.76
COMPASS GROUP	C EMPLOYERS MAME ADDRESS, AND ZIP CODE COMPASS GROUP USA, INC. 2400 YORKMONT RD CHARLOTTE, NC 28217			5. MEDICARE WAGES AND TIP	2192.83	MEDICARE TAX WITHHELD	135.96
CHARLOTTE, NO				7. SOCIAL SECURITY TIPS	2192.83		
					8	ALLOCATED TIPS	31.80
				9.	8.	ALLOCATED TIPS  0. DEPENDENT CARE BENEFITS	
E EMPLOYEE'S FIRST NAME ERAVELLI LOKE	ESH	NAME		9 SUFF. 11 NONQUALIFIED PLANS		ALLOCATED TIPS     DEPENDENT CARE BENEFITS     See Instructions for box 12.	
ERAVELLI LOKE 33SOUTH 3RD S SAN JOSE, CA	ESH STREET APT328	NAME		SUFF 11. NONQUALIFIED PLANS	1	ALLOCATED TIPS  0. DEPENDENT CARE BENEFITS  12. a-d See Instructions for box 12	
ERAVELLI LOKE 33SOUTH 3RD S SAN JOSE, CA	ESH STREET APT328 95113	NAME		SUFF 11 NONQUALIFIED PLANS			
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ERAVELLI LOKE  33SOUTH 3RD S  SAN JOSE, CA  FEMPLOYEE'S ADDRESS AND  15 STATE  CA 410-6138  COPY 2 TO be filed with FORM W-2 Wage  D. CONTROL NUMBER  10185054  B. EMPLOYER IDENTIFICATION  56-1874931  C EMPLOYER'S NAME ADDRESS GROUP  2400 YORKMONT  CHARLOTTE, NC  E EMPLOYEE'S FIRST NAME A  ERAVELLI LOKE  33SOUTH 3RD S  SAN JOSE, CA  F EMPLOYEE'S ADDRESS AND  F EMPLOYEE'S ADDRESS AND  F EMPLOYEE'S ADDRESS AND	ESH STREET APT328 95113  DZIP CODE SSTATE ID NO 3-3  Employee's STATE, CIT and Tax Stater  This information is being fur internal Revenue Service N NUMBER (EIN)  ESS, AND ZIP CODE USA, INC. RD 28217  AND INTIAL AST STREET APT328 95113  DZIP CODE SSTATE ID NO.  16	STATE WAGES, TIPS, ETC. 21 Y OF LOCAL tax re nent  A EMPLOYEE'S SI 8 62 - 21-	OMB NO. 1545 - 0 COMB SECURITY NUMBER -51.94	SUFF 11 NONQUALIFIED PLANS  14 OTHER CA SDI  14 OTHER CA SDI  15 LOCAL WAGES  16 LOCAL WAGES  18 LOCAL WAGES  19 SOCIAL SECURITY WAG  19 SOCIAL SECURITY TIPS  10 SOCIAL SECURITY TIPS  11 NONQUALIFIED PLANS  14 OTHER CA SDI	19.74 TIPS.ETC 19 LOCAL INCOME TA  COMPENSATION 2192.83 2192.83 2192.83	2. #d See Instructions for box 12  3. Statutory Pain  20. LOCALITY N  Dept. of the Treasury -  2. FEDERAL INCOME TAX W  4. SOCIAL SECURITY TAX W  6. MEDICARE TAX WITHHE  19. DEPENDENT CARE BEN  12. #d See Instructions for both  12. #d See Instructions for both  13. Statutory Pain  19.	ment   Thed-Party   Sick Page   MAME    MTHHELD   23.76    MTHHELD   135.96    LD   31.80    MITHELD   31.80

FORM W-2 Wage and Tax Statement

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Dept. of the reasury • Internal Revenue Service
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. Copy C For EMPLOYEE'S RECORDS (See notice on back of Copy 2) These substitute W-2 Wage and Tax Statements are acceptable for filling with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

All copies of your W-2 are on this page, separated by perforations. The white copies are for your tax returns; the blue copy is for your records. General instructions for these forms, including an explanation of the letter codes used in box 12 are on the other

D. CONTROL NUMBER 10185054	This information is being furnished to the Internal Revenue Service	2022	OMB NO. 1	545 - 0008	1. WAGES, TIPS, OTHER COMPENSAT	3536.31	2. FEDERAL INCOME TAX WITHHELD	55.54
B. EMPLOYER IDENTIFICATION 56-1874931	A EMPLOYEE'S SOCIAL SECURITY NUMBER 862-21-5194		3. SOCIAL SECURITY WAGES	3536.31		219.2		
COMPASS GRO				5. MEDICARE WAGES AND TIPS 3536.31		6. MEDICARE TAX WITHHELD	51.28	
2400 YORKMONT RD CHARLOTTE, NC 28217		13. Statutory Retirement Third-Party Employee Plan Sick Pay		7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS		
					9.		10. DEPENDENT CARE BENEFITS	
ERAVELLI LO				11. NONQUALIFIED PLANS		12. a-d See Instructions for box 12		
	STREET APT328 CA 95113				14 OTHER CA SDI	38.90		

2. FEDERAL INCOME TAX WITHHELD 10195054 OMB NO. 1545 - 0008 55.54 3536.31 56-1874931 219.25 3536.31 C EMPLOYER'S NAME, ADDRESS, AND ZIP CODE COMPASS GROUP USA, INC. 51.28 3536.31 YORKMONT RD CHARLOTTE, NC 28217 E EMPLOYEES PRET NAME AND INITIAL LAST NAME
ERAVELLI LOKESH
33SOUTH 3RD STREET APT328
SAN JOSE, CA 95113 38.90 Retirement Third-Party Sick Pay

19.26 CA 410-6138-3 3536.31 Dept. of the Treasury - Internal Revenue Service Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return FORM W-2 Wage and Tax Statement FOLD AND TEAR ALONG PERFORATION

10185054 OMB NO. 1545 - 0008 3536.31 55.54 56-1874931 862-21-5194 219.25 3536.31 C EMPLOYER'S NAME ADDRESS, AND ZIP CODE
COMPASS GROUP USA, INC.
2400 YORKMONT RD
CHARLOTTE, NC 28217 3536.31

11. NONQUALIFIED PLAN E EMPLOYEES FIRST HAME AND INTIAL EXTRAME
ERAVELLI LOKESH
33SOUTH 3RD STREET APT328
SAN JOSE, CA 95113 CA SDI 38.90

410-6138-3 19.26 3536.31 CA Dept. of the Treasury - Internal Revenue Ser 5055

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return FORM W-2 Wage and Tax Statement

FOLD AND TEAR ALONG PERFORATION 10185054 OMB NO. 1545 - 0008 3536.31 56-1874931 862-21-5194 3536.31 219.25 C EMPLOYERS NAME ADDRESS. AND EMP CODE COMPASS GROUP USA, 2400 YORKMONT RD CHARLOTTE, NC 28217 51.28 3536.31 INC. NDENT CARE BENEFIT ERAVELLI LOKESH
33SOUTH 3RD STREET APT328
SAN JOSE, CA 95113 CA SDI 38.90 Retire 3536.31 410-6138-3 19.26

To be filed with Employee's FEDERAL tax return
W-2 Wage and Tax Statement

2022

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