		mployee's social security number *******	This information is being furnished to the In are required to file a tax return, a negligence OMB No. 1545-0008 may be imposed on you if this income is tax				enalty or other sanction	
b Employer identification number (EIN) 37-6013590				1 Wages, tips, other compensation 142.35			2 Federal income tax withheld	
c Employer's name, address, and ZIP code Eastern Illinois University 600 Lincoln Avenue Charleston IL 61920				3 Social security wages			4 Social security tax withheld	
				5 Medicare wages and tips			6 Medicare tax withheld	
				7 Social security tips			8 Allocated tips	
d Control number 2217				9			10 Dependent care benefits	
e Employee's first name and initial Last name Sai lahari Narravula			Suff.	11 Nonqualified plans 0.			0 12 See Instructions for box 12	
1202 Lincoln Ave Apt 21 Charleston IL 61920-3053			13 Statutory employee []	Retirement plan []	Third-party sick pay []			
f Employee's address and ZIP code			14 Other					
	mployer's state ID nui 76013590	nber 16 State wages, tips, etc.	17 State incom	ne tax 7.05	18 Local wages, tips, et	c. 19 Local incom	e tax 20 Locality name	•

Form W-2 Wage and Tax Statement