	a Emplo	vee's social security number	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 MB No. 1545-0008 may be imposed on you if this income is taxable and you fail to report it.					
b Employer identification number (EIN) 37-6013590				1 Wages, tips, other compensation 2167.88			2 Federal income tax withheld	
c Employer's name, address, and ZIP code Eastern Illinois University 600 Lincoln Avenue				3 Social security wages			4 Social security tax withheld	
Charleston IL 61920			5 Medicare wages and tips			6 Medicare tax withheld		
				7 Social security tips			8 Allocated tips	
d Control number 191				9			10 Dependent care benefits	
		Last name Bandlamudi	Suff.	11 Nonqualified plans			12 See Instructions for box 12	
1430 9th St Charleston IL 61920-2816				13 Statutory employee []	Retirement plan []	Third-party sick pay []		
f Employee's address and ZIP code				14 Other				
	nployer's state ID number 6013590	16 State wages, tips, etc. 2167.88	17 State incon	ne tax 107.30	18 Local wages, tips, et	c. 19 Local incom	e tax	20 Locality name

Form W-2 Wage and Tax Statement