	a Emj ******	oloyee's social security number	This information is being furnished to the Int are required to file a tax return, a negligence OMB No. 1545-0008 may be imposed on you if this income is tax				penalty or oth	er sanction
b Employer identification number (EIN) 37-6013590				1 Wages, tips, other compensation 3305.90			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 1761			9			10 Dependent care benefits		
e Employee's first name and initial Last name Varun Krishna Konduru		Suff.	11 Nonqualified plans		0.00	12 See Instru	ctions for box 12	
1649 Taurus Loop Unit 67A Charleston IL 61920-5402				13 Statutory Retirement   employee plan [] []		Third-party sick pay []		
f Employee's address and ZIP code				14 Other				
15 State IL	Employer's state ID numb 376013590	er <b>16</b> State wages, tips, etc. 3305.90	17 State incon	ne tax 163.64	18 Local wages, tips, etc.	19 Local incom	e tax	20 Locality name
Form W-2 Wage and Tax Statement				2023		Depa	Department of Treasury - Internal Revenue Service	