

1 Wages, tips, other compensation	1150.11	2 Federal Income tax withheld	
3 Social security wages	1150.11	4 Social security tax withheld	71.31
5 Medicare wages and tips	1150.11	6 Medicare tax withheld	16.68
a Employee's SSA number	125-51-9972	Employer use only	
b Employer's FEID ID number	56-1874931	d Control number	10402583
c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
REISSUED STATEMENT			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. RAHUL KADAVATH 1520 VALLEY ROAD APT 10 RENO NV 89512			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc.	
16 State wages, tips, etc.		19 Local income tax	
17 State income tax		20 Locality name	
Form OMB No. 1545-0008 Dept. of the Treasury - Internal Revenue Service W-2 Wage and Tax Statement 2023 Copy C for Employee's records			

1 Wages, tips, other compensation	1150.11	2 Federal Income tax withheld	
3 Social security wages	1150.11	4 Social security tax withheld	71.31
5 Medicare wages and tips	1150.11	6 Medicare tax withheld	16.68
a Employee's SSA number	125-51-9972	Employer use only	
b Employer's FEID ID number	56-1874931	d Control number	10402583
c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
REISSUED STATEMENT			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. RAHUL KADAVATH 1520 VALLEY ROAD APT 10 RENO NV 89512			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc.	
16 State wages, tips, etc.		19 Local income tax	
17 State income tax		20 Locality name	
Form OMB No. 1545-0008 Dept. of the Treasury - Internal Revenue Service W-2 Wage and Tax Statement 2023 Copy 2 To Be Filed With Employee's STATE Income Tax Return			

1 Wages, tips, other compensation	1150.11	2 Federal Income tax withheld	
3 Social security wages	1150.11	4 Social security tax withheld	71.31
5 Medicare wages and tips	1150.11	6 Medicare tax withheld	16.68
a Employee's SSA number	125-51-9972	Employer use only	
b Employer's FEID ID number	56-1874931	d Control number	10402583
c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
REISSUED STATEMENT			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. RAHUL KADAVATH 1520 VALLEY ROAD APT 10 RENO NV 89512			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc.	
16 State wages, tips, etc.		19 Local income tax	
17 State income tax		20 Locality name	
Form OMB No. 1545-0008 Dept. of the Treasury - Internal Revenue Service W-2 Wage and Tax Statement 2023 Copy B To Be Filed With Employee's FEDERAL Tax Return			

1 Wages, tips, other compensation	1150.11	2 Federal Income tax withheld	
3 Social security wages	1150.11	4 Social security tax withheld	71.31
5 Medicare wages and tips	1150.11	6 Medicare tax withheld	16.68
a Employee's SSA number	125-51-9972	Employer use only	
b Employer's FEID ID number	56-1874931	d Control number	10402583
c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
REISSUED STATEMENT			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. RAHUL KADAVATH 1520 VALLEY ROAD APT 10 RENO NV 89512			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc.	
16 State wages, tips, etc.		19 Local income tax	
17 State income tax		20 Locality name	
Form OMB No. 1545-0008 Dept. of the Treasury - Internal Revenue Service W-2 Wage and Tax Statement 2023 Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			