| 1 Wages, tips, other compensation | 2 Federal Income tax withheld | 1 Wages, tips, other compensation | 2 Federal Income tax withheld |
|---|--|--|---|
| 1266.8 | / | 1266.87 | |
| 3 Social security wages | 4 Social security tax withheld | 3 Social security wages | 4 Social security tax withheld |
| 1266.8 | 78.55 | 1266.87 | 78.5 |
| 5 Medicare wages and tips | 6 Medicare tax withheld | 5 Medicare wages and tips | 6 Medicare tax withheld |
| 1266.8 | 18.37 | 1266.87 | 18.3 |
| a Employee's SSA number | Employer use only | a Employee's SSA number | Employer use only |
| 593-76-2673 | | 503.76.2673 | |
| b Employer's FED ID number | d Control number | 593-76-2673 b Employer's FED ID number | d Control number |
| 56-1874931 | 01472975 | 56-1874931 | 01472975 |
| c Employer's name, address, and ZIP code | | c Employer's name, address, and ZIP code | |
| Compass Group USA, Inc. | | Compass Group USA, Inc. | |
| 2400 Yorkmont Rd | | 2400 Yorkmont Rd | |
| | | | |
| Charlotte NC 28217 | | Charlotte NC 28217 | |
| | | | |
| REISSUED STATEMENT | | REISSUED STATEMENT | |
| INCIDENT OF AT LINE INT | | I INLIGOOLD | STATEMENT |
| 7 Social security tips | 8 Allocated tips | 7 Social security tips | 8 Allocated tips |
| 9 | 10 Dependent care benefits | 9 | 10 Dependent care benefits |
| • | To Dependent date benefits | 3 | To Dependent care benefits |
| 11 Nonqualified plans | 12a See instructions for box 12 | 11 Nonqualified plans | 12a See instructions for box 12 |
| | | | |
| 13 Statutory Retirement Third-Party Employee plan Sick pay | 12b | 13 Statutory Retirement Third-Party Employée plan Sick pay | 12b |
| | | | 1 1 |
| 14 Other | 12c | | 12c |
| 14 Other | 126 | 14 Other | 120 |
| | 12d | 1 | 12d |
| | | | |
| e Employee's first name and initial Last na | me Suff. | e Employee's first name and initial Last name | ne Suff. |
| MICHELLE E MENARD | | MICHELLE E MENARD | |
| 5372 STARBOARD ST 302 | | 5372 STARBOARD ST 302 | |
| ORLANDO FL 32814 | | ORLANDO FL 32814 | |
| | | | |
| f Employee's address and ZIP code | | 6 Employee's address and ZID ands | |
| 15 State Employee's state ID | 18 Local wages, tips, etc | f Employee's address and ZIP code 15 State Employer's state ID | 18 Local wages, tips, etc |
| Employor o oldro is | | Employor o oldso to | |
| 16 State wages, tips, etc. | 19 Local income tax | 16 State wages, tips, etc. | 19 Local income tax |
| 47 Di-1- | 4001 | TT Chair in an annual a | 90 1 1 |
| 17 State income tax | 20 Locality name | 17 State income tax | 20 Locality name |
| Form OMB, No. 1545-0008 | Dept. of the Treasury - Internal Revenue | Form OMB, No. 1545-0008 | Don't of the Transvery Internal Deventor |
| | Dept, of the Treasury - Internal Revenue Service, This information is being furnished to the IRS. 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 | W-2 Wage and Tax 201 | Dept. of the Treasury - Internal Revenue Service |
| W-2 Wage and Tax 20 | a negligence penalty or other sanction may be | W-2 Wage and Tax 201 | 9 |
| Copy C for Employee's records | imposed on you if this income is taxable and you fail to report it. | Copy 2 To Be Filed With Employee's STATE Incom | e Tax Return |
| | TOWNS TO TOWNS THE | | |