a Employee's SSN 806-04-7672	b Employer identification number (EIN) 45-4833426			OMB No. 1545-0008
C Employer's name, address, and ZIP code NATIONAL THERAPY SERVICES LLC	1 Wgs, tips, other compn 64640.00	2 Fed inc tax withheld 9435.00	3 Social security wages 64640.00	Form W-2
30250 JOHN R ROAD	4 SS tax withheld 4007.68	5 Medicare wages & tips 64640.00	6 Medicare tax withheld 937.28	Wage and Tax
MADISON HEIGHTS MI 48071	7 Social security tips	8 Allocated tips	9	Statement
d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	
e Employee's name, address, and ZIP code Suff.	13	14 Other	12b	2020
CAN TMA CANCILIZANT	Statutory employee .			
SALIMA SANGHWANI 1712 MELVILLE DR	Retirement plan		12c 	Copy B To Be Filed with Employee's FEDERAL Tax Return
ROCHESTER HILLS MI 48307			12d	This information is being furnished to the Internal Revenue Service.
	Third-party sick pay 7 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
MI 45-4833426	2747.23			
REV 12/09/20 QBDT			Depa	rtment of the Treasury — IRS
		1= 10		,
a Employee's SSN 806-04-7672 C Employer's name, address, and ZIP code	b Employer identification n1 Wgs, tips, other compn	number (EIN) 45-483	3 3 4 2 6 3 Social security wages	OMB No. 1545-0008
NATIONAL THERAPY SERVICES LLC	64640.00	9435.00	64640.00	Form W-2
30250 JOHN R ROAD	4 SS tax withheld 4007.68	5 Medicare wages & tips 64640.00	6 Medicare tax withheld 937.28	Wage and Tax
MADISON HEIGHTS MI 48071	7 Social security tips	8 Allocated tips	9	Statement
d Control number	10 Depdnt care benefits	11 Nonqualified plans	12a	
Employee's name, address, and ZIP code Suff.	13	14 Other	12b	2020
	Statutory employee	14 Other		Copy 2 To Be
SALIMA SANGHWANI 1712 MELVILLE DR	Retirement plan		12c	Filed With Employee's State,
ROCHESTER HILLS MI 48307	Retirement plan 1 1		12d	City, or Local Income Tax
15 State Employer's state ID No. 16 State wages, tips, etc 1	Third-party sick pay 7 State income tax	18 Local wages, tips, etc	19 Local income tax	Return. 20 Locality name
MI 45 - 48 3 3 4 2 6 64 6 4 0 . 0 0	2747.23			
				<u> </u>
a Employee's SSN 806-04-7672	b Employer identification in	number (EIN) 45-483	33426	OMB No. 1545-0008
C Employer's name, address, and ZIP code NATIONAL THERAPY SERVICES LLC	This information is being furn	nished to the IRS. If you are resed on you if this income is tax	equired to file a tax return, a ne cable and you fail to report it.	egligence penalty or
NATIONAL INEXAPI SERVICES LLC	1 Wgs, tips, other compn 64640.00	2 Fed inc tax withheld 9435.00	3 Social security wages 64640.00	Form W-2
30250 JOHN R ROAD	4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld	Wage and
MADISON HEIGHTS MI 48071	4007.68 7 Social security tips	64640.00 8 Allocated tips	937.28	Tax
d Control No.		·		Statement
	10 Depdnt care benefits	11 Nonqualified plans	12a	2020
e Employee's name, address, and ZIP code Suff.	13	14 Other	12b	2020
SALIMA SANGHWANI	Statutory employee •		12c	Copy C For
			1140	
1712 MELVILLE DR	Retirement plan			EMPLOYEE'S RECORDS.
1712 MELVILLE DR ROCHESTER HILLS MI 48307			12d	
ROCHESTER HILLS MI 48307	Retirement plan	18 Local wages, tips, etc	12d	RECORDS. (See Notice to