

Copy B To Be Filed With Employee's Federal Tax Return		2020		OMB No. 1545-0008	
a Control number	1 Wages, tips, other comp. 5397.10	2 Federal income tax withheld 672.99			
b Employer ID number 383271174	3 Social security wages 0.00	4 Social security tax withheld 0.00			
	5 Medicare wages and tips 0.00	6 Medicare tax withheld 0.00			
c Employer's name, address, and ZIP code J & B Medical Supply Co., Inc 50496 Pontiac Trail Wixom, MI 48393					
d Employee's social security number 836473214					
e Employee's name, address, and ZIP code Goutham Bethini 27740 Gateway Blvd Apt 305 Farmington Hills, MI 48334					
7 Social security tips 0.00	8 Allocated tips 0.00	9 Advance EIC payment 0.00			
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00				
12a DD 174.05	13 Stat. Emp. <input type="checkbox"/>	Ret. plan <input type="checkbox"/>	3rd-party sick pay <input type="checkbox"/>		
12b	14 Other				
12c					
12d					
MI 38-3271174	5397.10	213.85			
15 State Employer's State ID #	16 State wages, tips, etc.	17 State income tax			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name			

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service Dept. of the Treasury - IRS

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		2020		OMB No. 1545-0008	
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12d					
MI 38-3271174	5397.10	213.85			
15 State Employer's State ID #	16 State wages, tips, etc.	17 State income tax			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name			

Form W-2 Wage and Tax Statement
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Copy C for Employee Records		2020		OMB No. 1545-0008	
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10 Dependent care benefits 0.00	11 Nonqualified plans 0.00				
12a DD 174.05	13 Stat. Emp. <input type="checkbox"/>	Ret. plan <input type="checkbox"/>	3rd-party sick pay <input type="checkbox"/>		
12b	14 Other				
12c					
12d					
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15 State Employer's State ID #	16 State wages, tips, etc.	17 State income tax			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name			

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