

Form **W-2 Wage and Tax Statement** 2020

c Employer's name, address, and ZIP code HEALTH ALLIANCE PLAN ONE FORD PLACE DETROIT MI 48202		7 Social security tips	1 Wages, tips, other compensation 82941.10	2 Federal income tax withheld 475.59
e Employee's name, address, and ZIP code SIVA KALI KRISHNA VARRAI 1990 GOLFOVIEW DR APT NO 107 TROY MI 48084		8 Allocated tips	3 Social security wages	4 Social security tax withheld
		9	5 Medicare wages and tips	6 Medicare tax withheld
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 D 2659.20
15 State Employer's state ID number MI 382242827		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other	12b W 1500.00
		b Employer identification number (EIN) 38-2242827	12c DD 16881.72	
		a Employee's social security number XXX-XX-2382	12d	
16 State wages, tips, etc. 82941.10		17 State income tax 3129.04	18 Local wages, tips, etc.	19 Local income tax
				20 Locality name

Copy B-To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS website at www.irs.gov/efile.

This information is being furnished to the Internal Revenue Service. 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 you fail to report it.

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Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS website at www.irs.gov/efile.

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