Form W-2 Wage and Tax Statement 2020			7 Social security tips		1 Wages, tips, other compensation 82941.10		2 Federal income tax withheld 475.59		
c Employer's name, address, and ZIP code HEALTH ALLIANCE PLAN			8 Allocated tips		3 Social security wages		4 Social security tax withheld		
HEALTH ALLIANCE PLAN ONE FORD PLACE			9		5 Medicare wages and tips		6 Medicare tax withheld		
DETROIT MI 48202			10 Dependent care benefits		11 Nonqualified plans		12a See instructions for box 12		
e Employee's name, address, and ZIP code			13 Statutory Retirement This sick	rd-party pay	14 Other		12b		2659.20
SIVA KALI KRISHNA VARRAI			b Employer identification number (EIN) 38-2242827 a Employee's social security number XXX-XX-2382				₩ 12c	1500.00	
1990 GOLFVIEW DR							DD	DD 16881.72	
APT NO 107							C G		
TROY MI 48084 15 State	16 State wages, tips, etc		17 State income tax	18 Lo	ocal wages, tips, etc.	19 Local in	come tax	- 1	20 Locality name
MI 382242827	82941	.10	3129.04						
Copy B-To Be Filed With Employee's FED	DERAL Tax Return		This information is being furnished	to the Int	ernal Revenue Service. OMB No. 1545-0008				Treasury - IRS site at www.irs.gov/efi
				This in		Internal Revenu			-
W.O.W. 1.T. O			negligi 7 Social security tips		ence penalty or other sanction may be imposed on the sanction may be imposed on the sanction and the sanction are sanction.		e Service. If you are required to file a tax return, a you if this income is taxable and you fail to report it 2 Federal income tax withheld		
Form W-2 Wage and Tax Statement c Employer's name, address, and ZIP code	2020		8 Allocated tips		829 3 Social security wages	941.10	4 Social s	security tax	475.59 x withheld
HEALTH ALLIANCE PLAN ONE FORD PLACE DETROIT MI 48202							,		
			9		5 Medicare wages and tips 11 Nonqualified plans		6 Medicare tax withheld		
			10 Dependent care benefits				12a See instructions for box 12 D 2659.20		
e Employee's name, address, and ZIP code			13 Statutory Retirement Third-party sick pay		14 Other		12b W 1500.00		
SIVA KALI KRISHNA VARRAI			b Employer identification number (EIN)		-		12c		
1990 GOLFVIEW DR APT NO 107			38-2242827 a Employee's social security number		-		DD 16881.72		
TROY MI 48084			XXX-XX-2382		_		ode		
15 State	16 State wages, tips, etc 8294		17 State income tax 3129.04		ocal wages, tips, etc.	19 Local in	come tax		20 Locality name
Copy C-For EMPLOYEE'S RECORDS (See					MB No. 1545-0008				Treasury - IRS
``	, .		7 Social security tips		1 Wages, tips, other comp	ensation	Visit the		site at www.irs.gov/efi
Form W-2 Wage and Tax Statement 2020 c Employer's name, address, and ZIP code HEALTH ALLIANCE PLAN ONE FORD PLACE					82941.10		475.59		
			8 Allocated tips		3 Social security wages		4 Social security tax withheld		
			9		5 Medicare wages and tips		6 Medicare tax withheld		
DETROIT MI 48202			10 Dependent care benefits		11 Nonqualified plans		12a S D		2659.20
e Employee's name, address, and ZIP code			13 Statutory Retirement This plan sick	rd-party pay	14 Other		12b		1500.00
SIVA KALI KRISHNA VARRAI			b Employer identification numb	er (EIN)	1		12c		
1990 GOLFVIEW DR APT NO 107			38-2242827 a Employee's social security no	umber	-		12d	1	16881.72
TROY MI 48084			XXX-XX-2382		-		ord e		
15 State	16 State wages, tips, etc 82941		17 State income tax 3129.04		ocal wages, tips, etc.	19 Local in	come tax		20 Locality name
Copy 2-To Be Filed With Employee's Stat	e, City, or Local Ir	ncome	Tax Return	O	MB No. 1545-0008		Dept.	of the	Treasury - IRS
Form W-2 Wage and Tax Statement 2020			7 Social security tips		1 Wages, tips, other compensation 82941.10		2 Federal income tax withheld 475.59		
C Employer's name, address, and ZIP code		8 Allocated tips		3 Social security wages		4 Social security tax withheld			
HEALTH ALLIANCE PLAN ONE FORD PLACE DETROIT MI 48202			9		5 Medicare wages and tips		6 Medicare tax withheld		
			10 Dependent care benefits		11 Nonqualified plans		12a		
O Employee's name address and 7ID code			,	rd-party			D 12b		2659.20
e Employee's name, address, and ZIP code SIVA KALI KRISHNA VARRAI			X	rd-party pay	14 Other		[©] ₩		1500.00
1990 GOLFVIEW DR			b Employer identification number (EIN) 38-2242827				12c DD		16881.72
APT NO 107			a Employee's social security no XXX-XX-2382	umber]		12d ទ		
TROY MI 48084	46 State warms ****			140 1	and wages time at-	40 (nome to:		20 Locality reserve
15 State Employer's state ID number MI 382242827			17 State income tax 3129.04 18 Loc		cal wages, tips, etc. 19 Local in		come tax 20 Locality name		
	I					l			