

PAYER'S Name, Address and Federal Identification Number

STATE OF MICHIGAN DEPARTMENT OF TREASURY LANSING, MI 48922

Telephone: 517-636-4486 Federal I.D. #38-6000134

CALENDAR YEAR

Substitute Form 1099-G Certain Government Payments 2020

THIS IS NOT A BILL. THIS IS AN INFORMATION STATEMENT ONLY. KEEP FOR YOUR RECORDS.

Copy B For Recipient. This is important tax information and is being furnished to the Internal Revenue Service (IRS). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Box 2. This amount may be different from what you actually received for your Michigan income tax refund. It does not include refundable credits, such as the property tax credit (however, some or all of your property tax credit may need to be reported as income on your federal return). It does include amounts used to pay use tax, amounts contributed to voluntary contributions, amounts you chose to credit forward, and amounts deducted from your refund to pay a previously owed debt. The amount shown may be subject to federal income tax if you deducted state income taxes paid as an itemized deduction on your federal return. Interest received on your refund must be included as interest income on your federal return. See instructions for your federal income tax return.

Box 3. Identifies the tax year for which the refund or offset shown in Box 2 were made.

Box 2. Michigan Income Tax Refund or Offset RECIPIENT'S Identification No. 5909 INTEREST REFUND \$0.00 RECIPIENT'S Name, Address, ZIP Code \$144.00 NAYAK SHALAKA 30320 SOUTHFIELD RD APT 67A Box 3. Box 2 Amount is for Tax Year: SOUTHFIELD, MI 48076-1342 2019

Visit www.michigan.gov/incometax for more information about your 1099-G.

If you believe the refund and/or interest amounts provided on this 1099-G are incorrect, use the following steps to confirm the correct amounts:

Total all refunds (excluding interest) issued to you during calendar year 2020. Include adjustments Treasury made to your refund/credit and/or amended return	1
1a. Amount(s) of Voluntary Contributions	1a
1b. Use Tax reported	1b
1c. Amount(s) credited forward	1c
1d. Amount(s) deducted from your refund to pay a previously owed debt	1d
2. Add lines 1, 1a, 1b, 1c, and 1d	2
3. Refundable credits included in your refund:	
3a. Homestead Property Tax and Farmland Preservation Tax Credits	3a
3b. Michigan Earned Income Tax Credit	3b
3c. Michigan Historic Preservation Tax Credit	3c
4. Add lines 3a, 3b, and 3c	4
5. Subtract line 4 from line 2. This should match the refund amount on your 1099-G	5

If you still believe the amounts are incorrect, explain below and return this card to the Michigan Department of Treasury. To keep your tax information confidential, mail this card in an envelope to the address provided on the back of this card. For additional information, visit www.michigan.gov/incometax or call 517-636-4486.

2020 W-2 and EARNINGS SUMMARY



Employee Reference	Сору
Employee Reference Wage and Tax Statement	2020
Conv.C. for employee's records	OMB No. 1545-0008

d Control number Dept. Corp Employer use only 000214 RO/XB5

Employer's name, address, and ZIP code CONTROL SYSTEM INTEGRATORS 7701 NORTHPORT DRIVE LANSING, MI 48917

Batch #91231

15845.75

18 Local wages, tips, etc.

20 Locality name

e/f Employee's name, address, and ZIP code SHALAKA NAYAK 30320 SOUTHFIELD RD APT 67A SOUTHFIELD, MI 48076

b	Employer's FED ID number 38 - 3058876	a Employee's SSA number XXX - XX - 5909	
1	Wages, tips, other comp.	2 Federal income tax withheld	
	15845.75	2086.95	
3	Social security wages 15845.75	4 Social security tax withheld 982.44	
5	Medicare wages and tips 15845.75	6 Medicare tax withheld 229.76	
7	Social security tips	8 Allocated tips	
9		10 Dependent care benefits	
11	Nonqualified plans	12a See instructions for box 12	
14	Other	12b	
	Other	120	
		12d	
		13 Stat emp. Ret. plan 3rd party sick pay	
	State Employer's state ID no	2. 16 State wages, tips, etc.	

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	MI. State Wages Tips, Etc. Box 16 of W-2
Gross Pay	16,370.40	16,370.40	16,370.40	16,370.40
Less Other Cafe 125	524.65	524.65	524.65	524.65
Reported W-2 Wages	15,845.75	15,845.75	15,845.75	15,845.75

2. Employee Name and Address.

SHALAKA NAYAK 30320 SOUTHFIELD RD APT 67A SOUTHFIELD, MI 48076

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1	Wages, tips, other comp. 15845.75		2 Federa	l income ta	x withheld 2086 . 95
3	Social security wages 15845.75		4 Social	security ta	x withheld 982.44
5	Medicare wages and tips 15845.75		6 Medica	re tax with	held 229.76
d	Control number	Dept.	Corp.	Employe	er use only
000214 RO/XB5			A	26	

673.43

MI 38-3058876

17 State income tax

19 Local income tax

CONTROL SYSTEM INTEGRATORS 7701 NORTHPORT DRIVE LANSING, MI 48917

mber a Employee's SSA number XXX - XX - 5909
8 Allocated tips
10 Dependent care benefits
12a See instructions for box 12
12b
120
12d
13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code

SHALAKA NAYAK 30320 SOUTHFIELD RD APT 67A SOUTHFIELD, MI 48076

15 State Employer's state ID I MI 38 - 3058876		16 State wages, tips, etc. 15845.75	
17 State income tax 673.43		18 Local wages, tips, etc.	
19 Loca	al income tax	20 Locality name	

Federal Filing Copy Wage and Tax Statement

1	Wages, tips, other comp. 15845.75		2 Fee	deral inc	ome tax withheld 2086.95
3	Social security wage	4 So	cial secu	urity tax withheld 982.44	
5 Medicare wages and tips 15845,75			6 Me	dicare ta	x withheld 229.76
d	Control number	Dept.	Cor	p. E	mployer use only
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Employer's name, address, and ZIP code

CONTROL SYSTEM INTEGRATORS 7701 NORTHPORT DRIVE LANSING, MI 48917

b	Employer's FED ID number 38 - 3058876	a Employee's SSA number XXX-XX-5909	
7	Social security tips	8 Allocated tips	
9		10 Dependent care benefits	
11	Nonqualified plans	12a	
14 Oth	Other	12b	
		12c	
		12d	
		13 Stat emp. Ret. plan 3rd party sick pa	

e/f Employee's name, address and ZIP code

SHALAKA NAYAK 30320 SOUTHFIELD RD APT 67A SOUTHFIELD, MI 48076

15 State MI		Employer's state ID no. 38 - 3058876	16 State wages, tips, etc. 15845.7		
17	State	income tax 673.43	18 Local wages, tips, etc.		
19	Loca	Income tax	20 Locality name		

MI.State Reference Copy 2 Wage and Tax 2020 Statement PMB No. 1545-0008

1	Wages, tips, other comp. 15845.75		2 Feder	ral income	tax withheld 2086.95
3	3 Social security wages 15845.75		4 Socia	I security t	ax withheld 982.44
5	Medicare wages and tips 15845.75		6 Medic	are tax wit	hheld 229.76
d	Control number	Dept.	Corp.	Emplo	yer use only
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Employer's name, address, and ZIP code

CONTROL SYSTEM INTEGRATORS 7701 NORTHPORT DRIVE LANSING, MI 48917

b	Employer's FED ID number 38 - 3058876	a Employee's SSA number XXX - XX - 5909	
7	Social security tips	8 Allocated tips	
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17 State	income tax 673.43	18 Local wages, tips, etc.
19 Loca	l income tax	20 Locality name

MI.State Filing Copy 2 Wage and Tax Statement

_ Employ	ee Refer	ence	Copy	
W-2	Vage and	Tax	20	20
WW Z	Stateme	nt	20	ZU
Copy C for employee's rec-	ords.		OMB No.	1545-0008
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Dept. Corp. Employer use only 000199 RO/XB5

Employer's name, address, and ZIP code CONTROL SYSTEM INTEGRATORS 7701 NORTHPORT DRIVE LANSING, MI 48917

Batch #91231

34564.64

18 Local wages, tips, etc.

20 Locality name

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r a Employee's SSA nu XXX - XX - 5
2 Federal income tax

909 3739.33 3 Social security wages 4 Social security tax withheld Medicare wages and tips 6 Medicare tax withheld Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 14 Other 12d | 13 Stat emp | Ret. plan |3rd party sick par 15 State Employer's state ID no. 16 State wages, tips, etc.

38-3058876

1313.75

17 State income tax

19 Local income tax

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

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	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	MI. State Wages Tips, Etc. Box 16 of W-2
Gross Pay	36,057.64	36,057.64	36.057.64	36.057.64
Less Other Cafe 125	1,493.00	N/A	N/A	1,493.00
Reported W-2 Wages	34,564.64	0.00	0.00	34,564.64

2. Employee Name and Address.

SHALAKA NAYAK 30320 SOUTHFIELD RD APT 67A SOUTHFIELD, MI 48076

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1	Wages, tips, other comp. 34564.64		2 Federa	income tax withheld 3739.33
3	Social security wages		4 Social	security tax withheld
5	Medicare wages and tips		6 Medica	re tax withheld
d	Control number 00199 RO/XB5	Dept	Corp.	Employer use only

CONTROL SYSTEM INTEGRATORS 7701 NORTHPORT DRIVE LANSING, MI 48917

er a Employee's SSA number XXX - XX - 5909
8 Allocated tips
10 Dependent care benefits
12a See instructions for box 12
12b
12c
12d
13 Stat emp. Ret. plan 3rd party sick pay

SHALAKA NAYAK 30320 SOUTHFIELD RD APT 67A SOUTHFIELD, MI 48076

		Employer's state ID no. 38 - 3058876	16 State wages, tips, etc. 34564 . 64
17	State	income tax 1313.75	18 Local wages, tips, etc.
19	Local	income tax	20 Locality name

Federal Filing Copy 2 Wage and Tax Statement

1	Wages, tips, other co 3456		2 Federal income tax withhel 3739.3		
3	Social security wages		4 Social security tax withhele		
5	Medicare wages and tips		6 Medica	re tax withheld	
d 00	Control number 00199 RO/XB5	Dept.	Corp.	Employer use only	

CONTROL SYSTEM INTEGRATORS 7701 NORTHPORT DRIVE LANSING, MI 48917

b	Employer's FED ID number 38-3058876	a Employee's SSA number XXX-XX-5909
7	Social security tips	8 Allocated tips
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		12c
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SHALAKA NAYAK 30320 SOUTHFIELD RD APT 67A SOUTHFIELD, MI 48076

15 St MI	ate Employer's state ID no. 38-3058876	16 State wages, tips, etc. 34564.64
17 St	ate income tax 1313.75	18 Local wages, tips, etc.
19 Lc	ocal income tax	20 Locality name

MI.State Reference Copy 2 Wage and Tax 20 Statement

1	Wages, tips, other comp. 34564.64		2 Federal income tax withhele 3739.33			
3	Social security wages		4	Social e	security tax withheld	
5	Medicare wages and tips		6	Medicar	re tax withheld	
d	Control 0199	number RO/XB5	Dept.		Corp.	Employer use only
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CONTROL SYSTEM INTEGRATORS 7701 NORTHPORT DRIVE LANSING, MI 48917

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SHALAKA NAYAK 30320 SOUTHFIELD RD APT 67A SOUTHFIELD, MI 48076

N	A1	Employer's state ID no. 38 - 3058876	16	State wages, tips, etc. 34564.64
		1313.75	18	Local wages, tips, etc.
19	Loca	I income tax	20	Locality name

MI.State Filing Copy 2 Wage and Tax Statement