									Federal Box 1	Soc. Sec. Box 3 &	7 Medicare Box 5	
To the right is an explanation of the contents of the wage boxes on your W-2. Please note that the Gross amount shown may include adjustments.								Gross Wages 87692.4 Txbl Benefits			40 87692.40	
							Group Term	ı Life	28.	86 28.8	36 28.86	
							Deferred Co	omp				
							Section 125	5	(1086.4	18) (1086.4	8) (1086.48)	
							Other Preta	x/Wage Limit				
							W-2 Wages		86634.	78 86634.	78 86634.78	
	CONTROL NUMBER This Information is being furnished to the Internal Revenue Service			2021	OMB NO	D. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 86634.78			2. FEDERAL INCOME TAX WITHHELD 12580.32		
B. EMPLOYE	R IDENTIFICA	TION NUMBER	A. EMPLOYEE'S	SOCIAL SECU	URITY NUM	BER	3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
20-892138	39		637-65-4673				86634.78				5371.36	
		DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT		
	it Financial Earhart Roa	Corporation						86634	.78		1256.20	
Suite 250 Ann Arbor		u					7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS		
Alli Alboi Pi 40103							9.			10. DEPENDENT CARE E	BENEFITS	
		ME AND INITIAL	LAST NA			SUFF.	11. NONQUALIFIED PLANS			12.a-d C	28.86	
Himakar Reddy Mandipalli										W	442.29	
2995 Roundtree Blvd Apt C2							14. OTHER			DD	6259.92	
Ypsilanti M	1I 48197											
USA  F. EMPLOYEE'S ADDRESS AND ZIP CODE										13. STATUTORY RETIRED PLAN	EMENT X THIRD PARTY SICK PAY	
15. STATE MI							3680.64	18. LOCAL WAGES, T	PS, ETC. 19	LOCAL INCOME TAX	20. LOCALITY NAME	

D. CONTROL	L NUMBER	This Information is being furnished				D. N.O. 4545 0000		1. WAGES, TI	PS, OTHER COMPENS	ATION	2. FEDERAL INCOME TA	2. FEDERAL INCOME TAX WITHHELD	
000106769	9401	to the Internal Rev	venue Service 2021		OMB NO. 1545-0008		8663	4.78	12580.32				
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S				S SOCIAL SECURITY NUMBER			3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY T	4. SOCIAL SECURITY TAX WITHHELD		
20-8921389 637-65-4673									8663	4.78	5371.36		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE								5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WIT	6. MEDICARE TAX WITHHELD	
		Corporation						86634.78				1256.20	
Suite 250	2211 Old Earhart Road Suite 250 Ann Arbor MI 48105						7. SOCIAL SECURITY TIPS			8. ALLOCATED TIPS			
Alli Arbor MI 48105						9.			10. DEPENDENT CARE BENEFITS				
E. EMPLOYE	E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.				11. NONQUALIFIED PLANS			12.a-d C	28.86				
Himakar R	Himakar Reddy			palli							w	442.29	
2995 Roundtree Blvd Apt C2 Yosilanti MI 48197						14. OTHER			DD	6259.92			
USA F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STATUTORY RETI	REMENT X THIRD PARTY SICK PAY			
15. STATE		STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	TC.	17. STATE	INCOME T	AX	18. LOCAL WAGES,	TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME	
MI	20-89213	89		86634	1.78			3680.64					

## Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2021

Dept. of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

D. CONTROL NUMBER 000106769401		This Information is being furnished to the Internal Revenue Service		OMB NO. 1545-000	1. WAGES, T	PS, OTHER COMPENSATION 86634.78	2. FEDERAL INCOME T	2. FEDERAL INCOME TAX WITHHELD 12580.32		
B. EMPLOYER IDENTIFICATION	TION NUMBER	A. EMPLOYEE'S	SOCIAL SECU	JRITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY	4. SOCIAL SECURITY TAX WITHHELD		
20-8921389		637-65-4673				86634.78		5371.36		
C. EMPLOYER'S NAME, AI	DDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX W	6. MEDICARE TAX WITHHELD		
Home Point Financial	Corporation					86634.78		1256.20		
2211 Old Earhart Road Suite 250						CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
Ann Arbor MI 48105					9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAN	IE AND INITIAL	LAST NA	ME	SUFF.	11. NONQUAI	IFIED PLANS	12.a-d C	28.86		
Himakar Reddy Mandipalli							w	442.29		
2995 Roundtree Blvd					14. OTHER		DD	6259.92		
Apt C2 Ypsilanti MI 48197										
USA F. EMPLOYEE'S ADDRESS	AND ZIP CODE						13. STATUTORY RET	N THIRD PARTY SICK PAY		
	S STATE I.D. NO.	16. STATE WAGE				18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		
MI 20-89213	89		86634.	.78	3680.64					

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2021

Dept. of the Treasury - Internal Revenue Service

## FORM W-2 Wage and Tax Statement

	EMPLOYER'S STATE I.D. NO. 20-8921389	16. STATE WAGE	S, TIPS, ETC 86634.7		AX 3680.64	18. LOCAL WAGES, TIP	PS, ETC. 19.	LOCAL INCOME TAX	20. LOCALITY NAME	
Apt C2 Ypsilanti MI USA F. EMPLOYEE'S	48197 S ADDRESS AND ZIP CODE							13. STATUTORY RETII	REMENT X THIRD PARTY SICK PAY	
2995 Roundi de Biva						14. OTHER			6259.92	
Himakar Reddy Mandipalli								w	442.29	
E. EMPLOYEE'S	S FIRST NAME AND INITIAL	LAST NA	ME	SUFF.	11. NONQUALIFIED PLANS			12.a-d C	28.86	
Suite 250 Ann Arbor M	II 48105				9.			10. DEPENDENT CARE BENEFITS		
2211 Old Ea	Financial Corporation rhart Road				7. SOCIAL SECURITY TIPS			1256.20 8. ALLOCATED TIPS		
	S NAME, ADDRESS, AND ZIP (	CODE			5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
20-8921389 637-65-4673						86634.78			5371.36	
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER					3. SOCIAL SECURITY WAGES			4. SOCIAL SECURITY TAX WITHHELD		
D. CONTROL N 0001067694	This information is	This Information is being furnished to the Internal Revenue Service		OMB NO. 1545-0008	1. WAGES, TIPS, OTHER COMPENSATION 86634.78			2. FEDERAL INCOME TAX WITHHELD 12580.32		