1 Wages, tips, other compensation	2 Federal Income tax withheld	
3 Social security wages	4 Social security tax withheld	
5 Medicare wages and tips	6 Medicare tax withheld	
a Employee's SSA number	Employer use only	
XXX-XX-8419	, -,,	
b Employer's FED ID number 38-6004447	d Control number 00783248	
c Employer's name, address, and ZIP code		
CENTRAL MICHIGAN UN 1200 SOUTH FRANKLIN MOUNT PLEASANT MI 48	STREET	
7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12	
13 Statutory Retirement Third-Party Employee plan Sick pay	12b	
14 Other	12c	
	120 12d	
e Employee's first name and initial Last na SAI B NEDURUMALLI 1825 S.CRAWFORD STR MOUNT PLEASANT MI 48	EET, APT E-4	
f Employee's address and ZIP code	140 Lasslandar fire at	
15 State Employer's state ID MI 690354473	18 Local wages, tips, etc	
16 State wages, tips, etc.	19 Local income tax	
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17 State income tax	20 Locality name	
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Form OMB. No. 1545-0008 DMB. No. 1545-0008 DMB Copy B To Be Filed With Employee's FEDERAL Tax Return

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3 Social security wages	4 Social security tax withheld	
5 Medicare wages and tips	6 Medicare tax withheld	
a Employee's SSA number	Employer use only	
XXX-XX-8419		
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^{Form} N-2	Wage and Tax 202, Statement	Dept. of the T Service
ору 2 То Ве	Filed With Employee's CITY or LOCAL	Income Tax Return

Dept. of the Treasury - Internal Revenue Service

Form W-2

Dept. of the Treasury - Internal Revenue Service