

Form **W-2 Wage and Tax Statement** 2021

c Employer's name, address, and ZIP code  
 HEALTH ALLIANCE PLAN  
 ONE FORD PLACE  
 DETROIT MI 48202

e Employee's name, address, and ZIP code  
 SIVA KALI KRISHNA VARRAI  
 1990 GOLFVIEW DR  
 APT NO 107  
 TROY MI 48084

7 Social security tips		1 Wages, tips, other comp. 102783.29		2 Federal income tax withheld		
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 3245.94		
13 Statutory employee Retirement plan Third-party sick pay Retirement plan <input checked="" type="checkbox"/>		14 Other		12b W 1499.98		
b Employer identification number (EIN) 38-2242827				12c DD 20217.34		
a Employee's social security no. XXX-XX-2382				12d		
15 State MI	Employer's state I.D. no. 382242827	16 State wages, tips, etc. 102783.29	17 State income tax 3953.67	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 Web Site at [www.irs.gov/efile](http://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 back of Copy B)

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

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