									Federal Box 1	Soc. Sec. Box 3 8	k 7 Medicare Box 5	
		explanation of t he Gross amour					Gross Wage Txbl Benefit Group Term	ts	68974.	.43 68974.	43 68974.43	
							Adoption					
							Deferred Co	omp	(1575.0	00)		
							Section 125	5	(3150.0	00) (3150.0	00) (3150.00)	
							Other Preta	x/Wage Limit				
							W-2 Wages		64249.	.43 65824.	43 65824.43	
D. CONTROL 000018267		This Information is to the Internal Reve		2021	OMB NO	D. 1545-0008	1. WAGES, TI	IPS, OTHER COMPENS 6424	SATION 19.43	2. FEDERAL INCOME TA	XX WITHHELD 9515.31	
B. EMPLOYE	B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER				BER	3. SOCIAL SE	CURITY WAGES		4. SOCIAL SECURITY TAX WITHHELD			
26-369408	35		676-53-9267					6582	24.43	4081.11		
		DDRESS, AND ZIP C	ODE				5. MEDICARE	WAGES AND TIPS		6. MEDICARE TAX WIT		
Altair Produ	uctDesign 1 Beaver Rd								24.43		954.45	
Troy MI 48							7. SOCIAL SEC	CURITY TIPS		8. ALLOCATED TIPS		
							9.			10. DEPENDENT CARE	BENEFITS	
		IE AND INITIAL	LAST NA			SUFF.	11. NONQUAL	IFIED PLANS		12.a-d D	1575.00	
Jaswanth H	Kumar		Dharm	avarapu						DD	4413.60	
Apt # 103		I					14. OTHER					
Royal Oak MI 48084 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE										13. STATUTORY RETI	REMENT X THIRD PARTY SICK PAY	
15. STATE MI	26-36940	S STATE I.D. NO. 85	16. STATE WAGE	64249.		STATE INCOME T	2730.56	18. LOCAL WAGES,	TIPS, ETC. 19). LOCAL INCOME TAX	20. LOCALITY NAME	

D. CONTROL	LNUMBER	This Information is	s being furnished				F4F 0000	1. WAGES, TI	PS, OTHER COM	//PENSATION	2	2. FEDERAL INCOME TA	X WITHHELD	
000018267	7501	to the Internal Rev	enue Service	2021	OMB	MB NO. 1545-0008			64249.43		9515.31			
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLO				PLOYEE'S SOCIAL SECURITY NUMBER			3. SOCIAL SECURITY WAGES			4	4. SOCIAL SECURITY TAX WITHHELD			
26-3694085 676-53-9267								65824.43				4081.11		
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE									5. MEDICARE WAGES AND TIPS			6. MEDICARE TAX WITHHELD		
Altair ProductDesign Inc.								65824.43				954.45		
1820 E Big Beaver Rd Troy MI 48083							7. SOCIAL SECURITY TIPS			8	8. ALLOCATED TIPS			
							9.			10	10. DEPENDENT CARE BENEFITS			
E. EMPLOYE	E'S FIRST NAN	ME AND INITIAL	LAST N	AME			SUFF.	11. NONQUAL	IFIED PLANS		1	2.a-d D	1575.00	
Jaswanth I	Jaswanth Kumar			Dharmavarapu							DD	4413.60		
Apt # 103		N						14. OTHER						
Royal Oak MI 48084 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE										1	3. STATUTORY RETIR	THIRD PARTY SICK PAY		
15. STATE		S STATE I.D. NO.	16. STATE WAG	ES, TIPS, E	TC.	17. STATE INC	соме т	AX	18. LOCAL WA	AGES, TIPS, ETC.	19. LC	OCAL INCOME TAX	20. LOCALITY NAME	
MI	26-36940	85		64249	9.43			2730.56						

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 000018267501	This Information is to the Internal Rev	on is being furnished Revenue Service 2021		OMB NO. 1545-0008	1. WAGES, T	PS, OTHER COMPENSATION 64249.43	2. FEDERAL INCOME	2. FEDERAL INCOME TAX WITHHELD 9515.31		
B. EMPLOYER IDENTIFICA	TION NUMBER	A. EMPLOYEE'S	SOCIAL SEC	JRITY NUMBER	3. SOCIAL SE	CURITY WAGES	4. SOCIAL SECURITY	4. SOCIAL SECURITY TAX WITHHELD		
26-3694085		676-53-9267				65824.43		4081.11		
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP C	ODE			5. MEDICARE	WAGES AND TIPS	6. MEDICARE TAX W	6. MEDICARE TAX WITHHELD		
Altair ProductDesign	Inc.					65824.43		954.45		
1820 E Big Beaver Rd Troy MI 48083						CURITY TIPS	8. ALLOCATED TIPS	8. ALLOCATED TIPS		
					9.		10. DEPENDENT CARE	10. DEPENDENT CARE BENEFITS		
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF.						IFIED PLANS	12.a-d D	1575.00		
Jaswanth Kumar		Dharm	navarapu				DD	4413.60		
2432 Dorchester Dr N Apt # 103 Royal Oak MI 48084										
USA F. EMPLOYEE'S ADDRESS	AND ZIP CODE						13. STATUTORY RE PL	TIREMENT X THIRD PARTY SICK PAY		
15. STATE EMPLOYER' MI 26-36940	S STATE I.D. NO. 185	16. STATE WAG	ES, TIPS, ET 64249.		AX 2730.56	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME		

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	Tilla Illiottilation is			OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION			2. FED	2. FEDERAL INCOME TAX WITHHELD			
000018267501	0018267501 to the Internal Revenue Service		2021	31110110. 1313	7140. 1545 0000		64	1249.43			9515.31		
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER						3. SOCIAL SE	CURITY WAGES		4. SOC	4. SOCIAL SECURITY TAX WITHHELD			
26-3694085 676-53-9267							65	824.43		4081.11			
C. EMPLOYER'S NAME	, ADDRESS, AND ZIP (5. MEDICARE	WAGES AND TIP	S	6. MEI	6. MEDICARE TAX WITHHELD						
Altair ProductDesig				65	824.43		954.45						
1820 E Big Beaver Rd Troy MI 48083							7. SOCIAL SECURITY TIPS				8. ALLOCATED TIPS		
				9.				10. DEPENDENT CARE BENEFITS					
E. EMPLOYEE'S FIRST I	NAME AND INITIAL	LAST N	AME	S	UFF.	11. NONQUAL	IFIED PLANS		12.a-d	D	1575.00		
Jaswanth Kumar		Dharm	navarapu							DD	4413.60		
2432 Dorchester I Apt # 103 Royal Oak MI 4808						14. OTHER							
NOVAL OAK MI 46064 USA F. EMPLOYEE'S ADDRESS AND ZIP CODE									13. STA EMI	TUTORY RETI	REMENT THIRD PARTY SICK PAY		
15. STATE EMPLOY MI 26-369	ER'S STATE I.D. NO. 94085	16. STATE WAG	ES, TIPS, ETC 64249.4		OME T	2730.56	18. LOCAL WAG	ES, TIPS, ETC.	19. LOCAL	INCOME TAX	20. LOCALITY NAME		