

b Employer's Identification number c Employer's name, address, and ZIP code		46-4836635 ARETEK SOLUTIONS INC 3 PARKLANE BLVD, SUITE 126W DEARBORN MI 48126		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
				\$	110759.00	17596.84
				12b	3 Social security wages	4 Social security tax withheld
				\$	110759.00	6867.06
				12c	5 Medicare wages and tips	6 Medicare tax withheld
				\$	110759.00	1606.01
				12d	7 Social security tips	8 Allocated tips
				\$		
e Employee's first name and initial Last name		6364928		This information is being furnished to the Internal Revenue Service		9
				Copy B To Be Filed with Employee's FEDERAL Tax Return		10 Dependent care benefits
				a Employee's soc. sec. no 708-59-3318		11 Nonqualified plans
						13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>
						14 Other
f Employee's address and ZIP code						
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IL	46-4836635000	110759.00	5247.45			

Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return

b Employer's Identification number c Employer's name, address, and ZIP code		46-4836635 ARETEK SOLUTIONS INC 3 PARKLANE BLVD, SUITE 126W DEARBORN MI 48126		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
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				\$		
e Employee's first name and initial Last name		6364928		This information is being furnished to the Internal Revenue Service		9
				Copy 2 for State, City, or Local Tax Departments		10 Dependent care benefits
				a Employee's soc. sec. no 708-59-3318		11 Nonqualified plans
						13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>
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f Employee's address and ZIP code						
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IL	46-4836635000	110759.00	5247.45			

Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

REV 01/21/22 OSP

b Employer's Identification number c Employer's name, address, and ZIP code		46-4836635 ARETEK SOLUTIONS INC 3 PARKLANE BLVD, SUITE 126W DEARBORN MI 48126		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
				\$	110759.00	17596.84
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				12d	7 Social security tips	8 Allocated tips
				\$		
e Employee's first name and initial Last name		6364928		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.		9
				Copy 2 for State, City, or Local Tax Departments		10 Dependent care benefits
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IL	46-4836635000	110759.00	5247.45			

Form W-2 Wage and Tax Statement 2021 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

b Employer's Identification number c Employer's name, address, and ZIP code		46-4836635 ARETEK SOLUTIONS INC 3 PARKLANE BLVD, SUITE 126W DEARBORN MI 48126		12a See instructions for Box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
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				Copy C for Employee's Records (see notice to Employee on back.)		10 Dependent care benefits
				a Employee's soc. sec. no 708-59-3318		11 Nonqualified plans
						13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>
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