Copy B To Be Filed With Employee's		2022 OMB No. 1545-0008		Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return				OMB No 1545-00	
a. Employee's SSN	1 Wages, tips, other comp.	2 Federal income tax withheld		or Local Incon loyee's SSN		es, tips, other comp.	2022 2 Federal incom	e tax withheld	
XXX-XX-7354	43200.00 3 Social security wages	6045.65 4 Social security tax withheld	XXX-	XXX-XX-7354		43200.00 3 Social security wages 4		6045.6	
b. Employer ID number	43200.00	2678.40	b. Emp	oloyer ID number		43200.00	,	2678.4	
84-3694013	5 Medicare wages and tips 43200.00	6 Medicare tax withheld 626.40	84-	-3694013	5 Med I	care wages and tips 43200.00	6 Medicare tax	626.4	
c. Employer's name, addre				oloyer's name, addr					
21600 NOVI RD STE 500				21600 NOVI RD STE 500					
NOVI, MI 483	75		NO	VI, MI 483	75				
d. Control number			d. Con	trol number					
e. Employee's name, addres	ss, and ZIP code		e. Emp	oloyee's name, addre	ess, and ZIP	code			
SRINU BOOKYA	W DD WDE 202			INU BOOKYA		DE 202			
31564 FREEDON FARMINGTON H	ILLS, MI 48336			564 FREEDO RMINGTON H					
7 Social security tips	8 Allocated tips		7 Socia	7 Social security tips		8 Allocated tips			
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	10 Depo	10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 1	
13 Statutory employee 1.	4 Other	12b Code	13 State	13 Statutory employee 14 Other			12b Code		
Retirement plan		12c Code	Retirement plan						
Third party sick pay		12d Code	Th	nird party sick pay			12d Code		
MI 843694013	43200.	1836.00	MI	84369401	.3	43200.	00	1836.0	
15 State Emplr.'s state II		17 State income tax	15 Sta			16 State wages, tips, etc.	17 State in		
18 Local wages, tips,etc.	19 Local income tax	20 Locality name	18 Loca	al wages, tips, etc	i. 18	OLocal income tax	20 Locality	name	
			Сору	ww2-B22C 2 To Be Filed \ or Local Incon	Nith Emp		2022	OMB No 1545-00	
a. Employee's SSN		2 Federal income tax withheld 6045.65		loyee's SSN			2 Federal income		
XXX-XX-7354	3 Social security wages	4 Social security tax withheld	XXX-	-XX-7354	3 Socia	I security wages	4 Social security	tax withheld	
b. Employer ID number	43200.00 5 Medicare wages and tips	2678.40 6 Medicare tax with held	b. Emp	loyer ID number	5 Medic	43200.00	6 Medicare tax v	2678.4	
84-3694013	43200.00	626.40		3694013		43200.00	- Wedicare tax v	626.4	
c. Employer's name, addre				loyer's name, addre					
SPACEWALK SYS				ACEWALK SY 600 NOVI R					
NOVI, MI 483	75		NO	VI, MI 483	75				
d. Control number			d. Cont	trol number					
e. Employee's name, addres	ss, and ZIP code			loyee's name, addre	ss, and ZIP	code			
SRINU BOOKYA				SRINU BOOKYA					
31564 FREEDON FARMINGTON H	M RD APT 303 ILLS, MI 48336			564 FREEDO RMINGTON H					
7 Social security tips	8 Allocated tips		7 Soci	al security tips	3	3 Allocated tips			
10 Dependent care benefit	ts 11 Nonqualified plans	12a Code See inst. for box 12	10 Dep	endent care benefit	s 11	Nonqualified plans	12a Code See	e inst. for box	
13 Statutory employee 14	4 Other	12b Code	13 Stat	tutory employee	14 Other		12b Code		
Retirement plan		12c Code	F	Retirement plan	1		12c Code		
Third party sick pay		12d Code	Th	ird party sick pay	-		12d Code		
MI 843694013	43200.	1836.00	MI	84369401	.3	43200.	00	1836.0	
 15 State Emplr.'s state		17 State income tax	15 Stat			16 State wages, tips, etc.	17 State inc		
18 Loca I wages, tips, etc.	19 Local income tax	20 Locality name	18 Loc	al wages, tips, etc.	19	Local income tax	20 Locality na	ame	
Form W-2 Wage and Tax	Statement 39-1908647	Dept. of the Treasury IRS	Forr	m W-2 Wage and Ta	ax Statemer	nt 39-1908647	Dept. of the	e Treasury IF	