Copy B To Be Filed With Employee's		2022 OMB 1545-		Copy 2 To Be Filed With Employee's State, City. or Local Income Tax Return				OMB No	
a. Employee's SSN	1 Wages, tips, other comp.	2 Federal income tax withhel	Id a. Em	or Local Incom bloyee's SSN		tips, other comp.	2022 2 Federal incom		
xxx-xx-1898	120720.00	16510	XXX	xxx-xx-1898		120720.00 3 Social security wages 4		16510.9 4 Social security tax withheld	
b. Employer ID number	3 Social security wages 120720.00	4 Social security tax withheld 7484		ployer ID number		120720.00		7484.6	
84-3694013	5 Medicare wages and tips 120720.00	6 Medicare tax withheld 1750	0.44 84-	-3694013	5 Medica	re wages and tips 120720.00	6 Medicare tax	1750.4	
c. Employer's name, addre SPACEWALK SY 21600 NOVI R NOVI, MI 483	STEMS INC D STE 500		SF 21	ployer's name, addre PACEWALK SY 600 NOVI R DVI, MI 483	STEMS I	INC			
d. Control number				ntrol number					
e. Employee's name, addre AKHILESH VAR 3831 WESTWIN BEAVER CREEK	MA SANGARAJU D DR		27 e. Emj AK 38		MA SANO D DR	GARAJU			
7 Social security tips	8 Allocated tips		7 Soci	7 Social security tips		8 Allocated tips			
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box	x 12 10 Dep	endent care benefits	s 11 I	Nonqualified plans	12a Code Se	e inst. for box 1	
13 Statutory employee 14 Other		12b Code	13 Star	13 Statutory employee 14 Ot) Other		12b Code	
Retirement plan		12c Code		Retirement plan	_		12c Code		
Third party sick pay		12d Code	Т	hird party sick pay	_		12d Code		
OH 54150648	120720.	00 3621	L.73 OH	54150648		120720	.00	3621.7	
I 15 State Emplr.'s state I	D # 16 State wages, tips, etc.	17 State income tax	15 Sta			16 State wages, tips, etc.	17 State in	come tax	
18 Local wages, tips,etc.	19 Local income tax	20 Locality name	18 Loc	al wages, tips, etc	. 19 L	Local income tax	20 Locality i	name	
penalty/other sanction may Copy C For EMPLOYE (See Notice to Emplo	yee)	le & you fail to report it. 2022 OMB 1545-0	No. Copy 0008 City,	AWW2-B22C 7 2 To Be Filed V or Local Incom	Vith Emplo	urn	2022	OMB No 1545-00	
a. Employee's SSN	1 Wages, tips, other comp. 120720.00	2 Federal income tax withhel 16510		oloyee's SSN	1 Wages	tips, other comp. 120720.00	2 Federal income	tax withheld 16510.9	
XXX-XX-1898	3 Social security wages	4 Social security tax withheld	XXX	-XX-1898	3 Social	security wages	4 Social security	tax withheld	
b. Employer ID number	120720.00 5 Medicare wages and tips	7484 6 Medicare tax withheld		oloyer ID number	5 Medica	120720.00 re wages and tips	6 Medicare tax v		
84-3694013 120720.00 c. Employer's name, address, and ZIP code		1750		84-3694013 120720.00 c. Employer's name, address, and ZIP code			1750.4		
SPACEWALK SYSTEMS INC 21600 NOVI RD STE 500 NOVI, MI 48375				SPACEWALK SYSTEMS INC 21600 NOVI RD STE 500 NOVI, MI 48375					
d. Control number			d. Con	trol number					
e. Employee's name, address, and ZIP code				e. Employee's name, address, and ZIP code					
AKHILESH VARMA SANGARAJU				AKHILESH VARMA SANGARAJU					
3831 WESTWIN BEAVER CREEK				31 WESTWIN CAVER CREEK		5440			
7 Social security tips	8 Allocated tips		7 Soc	ial security tips	8 /	Allocated tips			
10 Dependent care benefi	ts 11 Nonqualified plans	12a Code See inst. for box	x 12 10 Dep	pendent care benefits	s 11 N	Nonqualified plans	12a Code See	e inst. for box 1	
13 Statutory employee 1	4 Other	12b Code	13 Sta	tutory employee	14 Other		12b Code		
Retirement plan		12c Code		Retirement plan	_		12c Code		
Third party sick pay		12d Code		nird party sick pay			12d Code		
ОН 54150648	120720.				l	120720		3621.7	
15 State Emplr.'s state 18 Local wages, tips, etc.	19 Local income tax	17 State income tax 20 Locality name		cal wages, tips, etc.	19 L	16 State wages, tips, etc. ocal income tax	17 State inc 20 Locality na	ame	
Form W-2 Wage and Tax	Statement 20 1009647	Dent of the Treasury -	- IPS For	m W-2 Wage and Ta	State mont	39-1908647	Dont of the	Treasury IR	