Copy B To Be Filed with Employee's   2022   FEDERAL Tax Return.   OMB No. 1545-0008					0008	Copy	y 2 To Be Fi	iled W	ith Em	ployee's State turn.	e, <b>20</b>	<b>22</b> B No. 1545-0008	
a Employee's SSN	1 Wag	es, tips, ot	22500.00		Il income tax		a Emp	oloyee's SSN	1 Wag	jes, tips, o	ther comp. 22500.00	2 Federa	al income tax withheld 3141.00
690-11-8751	3 Soci	al security	wages 22500.00	4 Social	security tax v 1	vithheld 395.00			3 Soci	al security	wages 22500.00		security tax withheld 1395.00
b Employer ID no. (EIN) 20-4107857  5 Medicare wages and tips 22500.00			6 Medicare tax withheld 326.25				oyer ID no. (EIN) 4107857	5 Medicare wages and tips 22500.00			6 Medica	6 Medicare tax withheld 326.25	
c Employer's name, ac OPEL SYST	dress, a EMS	ind ZIP cod INC	de				c Emp	oloyer's name, ad EL SYSTI	ddress, a EMS	and ZIP co INC	de		
3221 WEST BIGBEAVER ROAD SUITE 100 TROY				MI	MI 48084		3221 WEST BIGBEAVER ROAD SUITE 100 TROY MI 48084				48084		
d Control number							<b>d</b> Con	trol number					
e Employee's name, a VENKAT RA 336 WOODS ROCHESTER	JEEV TDE	REDI	OY MALIPEI	DDI MI	48307	Suff.	VE 33	oloyee's name, ac NKAT RA 6 WOODS: CHESTER	JEEV IDE	REDI	DY MALIPE	DDI MI	Suff. 48307
7 Social security tips		8 Allocate	ed tips	9			7 Soci	al security tips		8 Allocat	ed tips	9	
10 Dependent care bene	efits	11 Nonqua	alified plans	<b>12a</b> C	ode See inst	for box 12	<b>10</b> Depe	endent care bene	efits	11 Nonqu	alified plans	<b>12a</b> C	ode See inst. for box 12
13 Statutory employee Retirement Plan Third-party sick pay	<b>14</b> Ot	her		12b C 12c C 12d C	ode		Retireme	r employee ent Plan rty sick pay	<b>14</b> O	ther		12b C 12c C 12d C	ode
MI 20-4107	7857		2250	0.00		796.89	MI	20-4107	7857		2250	00.00	796.89
15 State Employer's s	tate ID r	umber	16 State wages, tip	s, etc.	17 State inc	ome tax	15 State	Employer's stat	te ID nui	mber	16 State wages, ti	ps, etc.	17 State income tax
18 Local wages, tips, et	c.	19 Local i	ncome tax	<b>20</b> Loca	ality name		18 Loca	al wages, tips, et	c.	19 Local i	ncome tax	20 Localit	y name
Form W-2 Wage and Ta This information is being furn	ax Stater ished to th	nent ne Internal Re	evenue Service.		Dept. of the	Treasury - IRS	Form V	V-2 Wage and Ta	ax Stater	ment		ı	Dept. of the Treasury - IRS

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 fall to report it.

Copy C. For EMPLOYEE'S RECORDS.

2022

Copy C For EM		2022				
(See Notice to E	mployees).			B No. 1545-0008		
a Employee's SSN	1 Wages, tips, o	•	2 Federal income tax withheld			
, ,		22500.00	3141.00			
690-11-8751	3 Social security	•	4 Social security tax withheld			
<b>b</b> Employer ID no. (EIN)		22500.00	1395.00			
00 4107057	5 Medicare wage		6 Medicare tax withheld			
20-4107857		22500.00	326.25			
c Employer's name, ac OPEL SYST		de				
3221 WEST SUITE 100 TROY	BIGBEAV!	ER ROAD	MI	48084		
d Control number						
e Employee's name, a VENKAT RA 336 WOODS	JEEV RED	DY MALIPE	DDI	Suff.		
ROCHESTER	•		MI	48307		
7 Social security tips	8 Allocat	ed tips	9			
10 Dependent care ben	efits 11 Nonqu	alified plans	12a Code See inst. for box 12			
13	14 Other		12b Code			
Statutory employee			42 - Cada			
Retirement Plan			12c Code			
total official tall			12d Code			
Third-party sick pay				1		
MI 20-410	7857	2250	00.00	796.89		
			ac ata	17 State income tax		
I <b>15</b> State Employer's sta	te ID number	16 State wages, tip	JS, ELG.			
I 15 State Employer's sta 18 Local wages, tips, et		16 State wages, til ncome tax	20 Localit			

REV 12/09/22 QBDT

Copy 2 To Be Fi City, or Local Inc	led With Em	ployee's State		<b>22</b> B No. 1545-0008			
	1 Wages, tips, o		2 Federal income tax withheld				
a Employee's SSN	9,p,	22500.00	3141.00				
690-11-8751	3 Social security		4 Social security tax withheld				
070 11 0731	3 Cociai securit	22500.00	1395.00				
<b>b</b> Employer ID no. (EIN)	5 Medicare was		6 Medicare tax withheld				
20-4107857	5 Medicare way	22500.00	326.25				
				320.2			
c Employer's name, ad OPEL SYSTI	dress, and ZIP co EMS INC	ode					
3221 WEST BIGBEAVER ROAD SUITE 100							
TROY		MI 48084					
d Control number							
e Employee's name, ad VENKAT RA	JEEV RED	DY MALIPE	DDI	Suff.			
336 WOODSIDE CT, APT 89							
ROCHESTER HILLS MI 48307							
7 Social security tips	9						
10 Dependent care bene	fits 11 Nong	ualified plans	12a Code See inst. for box 12				
To Dopondoni care bene	into I i i i i i i i i i i i i i i i i i i	adiliod pidrio	124 0	540 000 mot. 101 box 12			
13	14 Other		12b Code				
Statutory employee			12c Code				
Retirement Plan	404.0-4-						
Third-party sick pay			<b>12d</b> Co	ode			
MI 20-4107	857	2250	0.00	796.8			
15 State Employer's state	e ID number	16 State wages, tip	os, etc.	17 State income tax			
18 Local wages, tips, etc		income tax	20 Locality name				
Form W-2 Wage and Ta	x Statement			Dept. of the Treasury - IF			