Copy B To Be Filed With Employee's OMB No. 2023 Federal Tax Return 1545-0008 2 Federal Income tax withheld a Employee soc. sec. no. 1 Wages, tips, other comp. 2880.00 311.12 863-99-7351 3 Social security wages 4 Social security tax withheld b Employer ID no. (EIN) 6 Medicare tax withheld 5 Medicare wages and tips 38-3617002 c Employer's name, address and ZIP code SUPER AUTO FORGE INC 42400 GRAND RIVER AVE Suite #205 NOVI, MI 48375 e Employee's name, address, and ZIP code MOHAMMED H SHAREEF 27690 PARKVIEW BLVD WARREN, MI 48092 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a Code See instr. for box 12 13 Statutory employee 14 Other 12b Code Retirement plan 12c Code 12d Code Third-party sick pay 2880.00 122.40 MI | 38-3617002 15 State Employer's State ID # 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service Dept. of the Treasury - IRS

Copy 2 To Be File City, or Local Inco	ed With E ome Tax	Employee's State, ∶Return		2023	OMB No. 1545-000	
a Employee soc. sec. no.	1 Wage	s, tips, other comp.	2 F	2 Federal Income tax withheld		
863-99-7351		2880.00		311.12		
	l security wages	rity wages 4 Social security tax with				
b Employer ID no. (EIN)						
38-3617002	are wages and tips	6 M	6 Medicare tax withheld			
c Employer's name, addr SUPER AU 42400 GR Suite #2 NOVI, MI	TO FO AND R 05	RGE INC IVER AVE				
d Control number						
MOHAMMED	H SH	AREEF				
27690 PA	RKVIE MI 48	W BLVD 092				
27690 PA	RKVIE MI 48	W BLVD				
27690 PA	RKVIE MI 48	W BLVD 092	1:	2a Code See instr	for box 12	
27690 PAWARREN, 17 Social security tips	RKVIE MI 48	W BLVD 092 Allocated tips		2a Code See instr 2b Code	. for box 12	
27690 PAWARREN, 17 Social security tips 10 Dependent care bene	RKVIE MI 48 87 fits 11	W BLVD 092 Allocated tips	1:		. for box 12	
27690 PA WARREN, 7 Social security tips 10 Dependent care bene 13 Statutory employee	RKVIE MI 48 87 fits 11	W BLVD 092 Allocated tips	1:	2b Code	for box 12	
27690 PAWARREN, 17 Social security tips 10 Dependent care bene	RKVIE MI 48 8 / fits 11 14 Other	W BLVD 092 Allocated tips	1:	2b Code 2c Code		
27690 PAWARREN, 17 Social security tips 10 Dependent care benee 13 Statutory employee Retirement plan Third-party sick pay	RKVIE MI 48 8 / 8 / 11 14 Other	W BLVD 092 Allocated tips Nonqualified plans	1:	2b Code 2c Code 2d Code	10	
27690 PAWARREN, 17 Social security tips 10 Dependent care beneen 13 Statutory employee Retirement plan Third-party sick pay MI 38-36170	RKVIE MI 48 8 / 6 6 7 7 7 7 7 7 7 7	W BLVD 092 Allocated tips Nonqualified plans	1: 1: 0 tips, etc.	2b Code 2c Code 2d Code	1 0	

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Copy 2 To Be Filed With Employee's State,

a Employee soc. sec. no. 1 Wages, tips, other comp.

City, or Local Income Tax Return

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)				2023	OMB No. 1545-0008	
a Employee soc. sec. no.		s, other comp.	2 Fe	deral Income tax		
863-99-7351		80.00		311.12		
	3 Social secu	rity wages	4 Social security tax withheld			
b Employer ID no. (EIN)	514 !!	1.0	011			
38-3617002	ages and tips	6 Medicare tax withheld				
c Employer's name, addre SUPER AUI 42400 GRA Suite #20 NOVI, MI	O FORGE	INC				
d Control number						
e Employee's name, addre	ss, and ZIP cod	e				
WARREN , M	8 Allocat		<u> </u>			
10 Dependent care benefi	ualified plans	12a Code See instr. for box 12				
13 Statutory employee		12	b Code			
Retirement plan			12c Code			
Third-party sick pay			12d Code			
MI 38-36170	2880.00		122.40		0	
15 State Employer's State	16 State wages, tips, etc.		17 State income tax			
18 Local wages, tips, etc.		19 Local income tax		20 Locality name		
orm W-2 Wage and Tax	Statement	L		Dept. of the	Treasury - IR	

863-99-7351	288	80.00		311.12	
77 77	3 Social secur	ity wages	4 Soc	ial security tax withheld	
b Employer ID no. (EIN)					
38-3617002	5 Medicare wa	are wages and tips 6 Me		edicare tax withheld	
c Employer's name, addres	ss and ZIP code				
SUPER AUT 42400 GRA Suite #20 NOVI, MI	ND RIVE				
d Control number					
e Employee's name, addre MOHAMMED 27690 PAR WARREN, M	H SHARE KVIEW B	EF LVD			
7 Social security tips	8 Allocat	ed tips			
10 Dependent care benefit	ualified plans 12a Code Sec		Code See instr. for box 12		
13 Statutory employee		12b	Code		
Retirement plan	120		c Code		
Third-party sick pay		12d Code			
MI 38-36170	02	2880.00		122.40	
15 State Employer's State	ID#	16 State wages 4:	oto	17 State income tax	
15 State Employer's State ID # 18 Local wages, tips, etc.		16 State wages, tips, etc. 19 Local income tax		20 Locality name	
10 Loodi Hagos, ups, otc.	20 Locality Harrie				
Form W-2 Wage and Tax S	Statement			Dept. of the Treasury - IR	

OMB No.

1545-0008

2023

2 Federal Income tax withheld