Copy B To Be F	iled with Er eturn.	nployee's	20 :	23 IB No. 1545-0008	Copy City,	2 To Be Fi or Local Inc	led W	ith Emp	ployee's State turn.		23 B No. 1545-0008
a Employee's SSN	1 Wages, tips,	other comp. 9000.00	2 Federa	l income tax withheld 12060.00		loyee's SSN	1 Wag	es, tips, of	ther comp. 9000.00	2 Federa	l income tax withheld 12060.00
690-11-8751	3 Social secur		4 Social	security tax withheld	690-	-11-8751	3 Socia	al security		4 Social	security tax withheld
b Employer ID no. (EIN)	Employer ID no. (EIN) 9000.00 5 Medicare wages and tips		6 Medica	5580.00 6 Medicare tax withheld		b Employer ID no. (EIN)		90000.00 5 Medicare wages and tips		5580.00	
20-4107857				1305.00		4107857	107857 90000.00				1305.00
c Employer's name, ad OPEL SYSTE	dress, and ZIP of EMS INC	code			c Emp OP	loyer's name, ad EL SYSTE	ldress, a EMS	ind ZIP co INC	de		
3221 WEST BIGBEAVER ROAD					3221 WEST BIGBEAVER ROAD						
TROY	SUITE 100 TROY MI 48084			48084	SUITE 100 MI 48084					48084	
d Control number	d Control number					d Control number					
e Employee's name, ac	dress, and ZIP	code		Suff.	e Emp	loyee's name, ad	ddress, a	and ZIP co	ode		Suff.
VENKAT RAG 260 WOODS ROCHESTER	IDE CT,		DDI MI	48307	26	NKAT RAC 0 WOODSI CHESTER	IDE	CT,	DY MALIPE APT 231	DDI	48307
7 Social security tips 8 Alloca		ated tips	9		7 Social security tips			8 Allocated tips		9	
10 Dependent care benefits 11 N		ualified plans	12a Code See inst. for box 12		10 Dependent care benefits		efits	s 11 Nonqualified plans		12a Code See inst. for box 12	
13	13 14 Other		12b Code		-		14 Ot	4 Other		12b Code	
Statutory employee	tatutory employee		12c C	12c Code		Statutory employee				12c Code	
Retirement Plan					Retirement Plan						
Third-party sick pay			12d C	ode	Third-par	ty sick pay				12d C	ode
MI 20-4107	857	9000	0.00	3054.71	MI	20-4107	7857		9000	00.00	3054.71
15 State Employer's st	ate ID number	16 State wages, tip	os, etc.	17 State income tax	15 State	Employer's state	e ID nur	nber	16 State wages, ti	ps, etc.	17 State income tax
18 Local wages, tips, etc. 19 Local income tax		I income tax	20 Locality name		18 Local wages, tips, etc.		c.	19 Local income tax		20 Locality name	
Form W-2 Wage and Ta This information is being furni	x Statement		_1	Dept. of the Treasury - IRS	Form W	/-2 Wage and Ta	v Staton	nent		l	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 fail to report it.

penalty of other sanction may be imposed on you it this income is taxable and you fail to report it.									
Copy C For EMPLOYEE'S RECORDS. 2023 (See Notice to Employees). OMB No. 1545-0008									
a Emn	loyee's SSN	1 Wages	s, tips, oth	ner comp.	2 Fe	edera	I income tax withheld		
		90000.00				12060.00			
690-	-11-8751	3 Social	Social security wages			4 Social security tax withheld			
b Fmplo	oyer ID no. (EIN)	90000.				5580.00			
· ·	, , ,	5 Medicare wages and tips			6 Medicare tax withheld				
20-	4107857			90000.00			1305.00		
c Emp	loyer's name, ad EL SYST	ldress, and EMS I	d ZIP cod INC	e					
3221 WEST BIGBEAVER ROAD SUITE 100 TROY MI 48084									
d Cont	rol number								
VE:	loyee's name, ac NKAT RAC 0 WOODS: CHESTER	JEEV IDE (REDI CT, A	Y MALIPE		I ⁄II	Suff. 48307		
7 Social security tips			8 Allocated tips						
10 Dependent care benefits			11 Nonqualified plans			12a Code See inst. for box 12			
13 14 0			ther			12b Code			
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15 State	I Employer's stat	oer	16 State wages, tips, etc.			17 State income tax			
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Copy 2 To Be Fi City, or Local Inc			,	23 B No. 1545-0008				
a Employee's SSN	1 Wages, tips,	other comp.	2 Federal income tax withheld					
a zmployee e con		90000.00	12060.00					
690-11-8751	3 Social securi	ity wages	4 Social security tax withheld					
b Employer ID no. (EIN)		90000.00		5580.00				
2 Employor IS no. (Em)	5 Medicare wa	ges and tips	6 Medica	6 Medicare tax withheld				
20-4107857		90000.00	1305.0					
c Employer's name, ad OPEL SYST: 3221 WEST SUITE 100	EMS INC							
TROY MI 48084								
d Control number								
e Employee's name, ac VENKAT RAC 260 WOODS	JEEV REI	DDY MALIPE	DDI	Suff.				
ROCHESTER HILLS MI 48307								
7 Social security tips	8 Alloc	ated tips	9					
10 Dependent care bene	fits 11 None	qualified plans	12a Code See inst. for box 12					
13	14 Other		12b C	ode				
Statutory employee			12c C	ode				
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15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax								
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Form W-2 Wage and Ta	x Statement		1	Dept. of the Treasury - IRS				