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Copy C For EMPLOYE (See Notice to Employer) a. Employee's SSN 828-26-8554 b. Employer ID number 84-3694013 c. Employer's name, address SPACEWALK SYS 21600 NOVI RI NOVI, MI 4837 d. Control number 58 e. Employee's name, address SINDHU PUPPAI 3719 KETTERIN FAIRBORN, OH 7 Social security tips 10 Dependent care benefit 13 Statutory employee Retirement plan Third party sick pay OH 54150648 15 State Emplr.'s state III	E'S REC yee) 1 Wages, 3 Social s 5 Medicar ss, and ZIF STEMS O STE 75 ss, and ZIP LA NG CT 45324 8 A s 11 N 4 Other	tips, other comp. 17896.00 security wages e wages and tips code INC 500 Code APT 302 dillocated tips lonqualified plans	2023 OMB No. 1545-0008 Federal income tax withheld 2090.37 Social security tax withheld Medicare tax withheld 12a Code See inst. for box 12 12b Code 12c Code 12d Code 17 State income tax	Copy 2 City, or a. Employ 828-2 b. Employ 84-3 c. Employ SPA 216 NOV d. Control 58 e. Employ SIN 371 FAI: 7 Social 10 Depen 13 Statut Ret Thire OH	To Be Filed No. Local Incompee's SSN 26-8554 Injer ID number 1694013 Injer ID number 1694014 Injer ID NOVI R Injer ID NOVI	Vith Emple Tax Re Tax R	loyee's State, turn s, tips, other comp. 17896.00 security wages are wages and tips code INC 500 APT 302 Allocated tips Nonqualified plans 17896.16 State wages, tips, etc.	2 Federal income tax 4 Social security tax 6 Medicare tax with 12a Code See ins 12b Code 12c Code 12d Code	1545-0008 x withheld 2090.37 withheld held held

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FEDERAL Tax Return

| City, or Local Income Tax Return | a. Employee's SSN | 1 Wages, tips, or

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