

Form **W-2** Wage and Tax Statement
2018
 Copy 2 - To Be Filed With Employer's State, City, or Local Income Tax Return.
 OMB No. 1545-0008 Department of the Treasury—Internal Revenue Service

1 Wages, tips, other compensation **45722.22** 2 Federal income tax withheld **3482.29**

3 Social security wages **45722.22** 4 Social security tax withheld **2834.77**

5 Medicare wages and tips **45722.22** 6 Medicare tax withheld **662.93**

b Employer identification number **20-2675614**

c Employer's name, address, and ZIP code
REVSPRING, INC.
38705 SEVEN MILE ROAD
STE 450
LIVONIA, MI 48152

a Employee's social security number **339-08-5362** d Control number

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

11a Nonqualified plans DD See instructions for box 12 **6405.72**

12b

12c

12d

13 Salaried employee Retirement plan

14 Other

e Employee's name, address, and ZIP code
KARTHIK DEVARAJA
22545 MAYWOOD DR
FARMINGTON HILLS MI 48335

15 State MI Employer's state ID number **ME-0261603** 16 State wages, tips, etc. **45722.22**

17 State income tax **1626.14** 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

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 Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B).
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 Copy B - To Be Filed With Employer's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.
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