

**2017
W2 & EARNINGS
SUMMARY**

NUVIEW TECHNOLOGIES
775 S KIRKMAN RD STE. UNIT #109
ORLANDO, FL 32811

AVINASH PRAKASH

Filing Status Exemptions
FITWH S 0
MI S 0

a Employee's social security number 359-08-8509					
c Employer's name, address, and ZIP code NUVIEW TECHNOLOGIES 775 S KIRKMAN RD STE. UNIT #109 ORLANDO, FL 32811		1 Wages, tips, other compensation	74820.56	2 Federal income tax	12457.97
		3 Social security wages	74820.56	4 Social security tax	4638.86
		5 Medicare wages and tips	74820.56	6 Medicare tax withheld	1084.91
		7 Social security tips		8 Allocated tips	
b Employer's identification number 20-1434376	d Control Number 44691-38				
e Employee's name and address AVINASH PRAKASH 601 S BUTLER BLVD STE. APT 8 LANSING, MI 48915		9 Advanced EIC payment		10 Dependent care benefits	
		11 Nonqualified plans		12 See instrs. for box 12	
		13 Stat emp. Ret. Plan 3 Party Sick			
		14 Other			
15 State & Employer's state ID MI 20-1434376	16 State wages, tips, etc 74820.56	17 State income tax 3179.88	18 Local wages, tips, etc 74820.56	19 Local income tax 748.25	20 Locality name LansinRe

**Federal Filing Copy 2017
W2 Wage and Tax Statement**
OMB No. 1545-0048
Copy B to be filed with Employee's Federal Income Tax Return.

WAGES

Description	Amount	Box
TOTAL GROSS WAGES	76542.49	
Soc. Security Wages	74820.56	3
Medicare Wages	74820.56	5
Fed. Taxable Wages	74820.56	1
MI Taxable Wages	74820.56	16
LansinRe Wages	74820.56	18

WITHHOLDINGS

Description	Amount	Box
Fed. Income Tax	12457.97	2
Soc. Security Tax	4638.86	4
Medicare Tax	1084.91	6
MI Income Tax	3179.88	17
LansinRe W/H	748.25	19

DEDUCTIONS

Description	Amount	Box
Section 125 Benefit Plan	1721.93	

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**State Filing Copy 2017
W2 Wage and Tax Statement**
OMB No. 1545-0048
Copy 2 to be filed with Employee's State Income Tax Return.

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**City or Local Filing Copy 2017
W2 Wage and Tax Statement**
OMB No. 1545-0048
Copy 2 for Employee's City/Local Income Tax Return.

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**Employee Reference Copy 2017
W2 Wage and Tax Statement**
OMB No. 1545-0048
Copy C for Employee's records.