| Copy B To Be Filed With Employee's<br>FEDERAL Tax Return |  |  | 201                           | 2017 OMB No. 1545-0008           |   | 2 To Be Filed V                            |                  | nployee's State,                                  | 2017                         | OMB No.<br>1545-0008            |  |
|--|--|--|-------------------------------|----------------------------------|---|--|------------------|---|------------------------------|---------------------------------|--|
| a. Employee's SSN  |  | ges, tips, other comp.<br>8000.04              | 2 Federal in                  | come tax withheld<br>376.68      |   | oyee's SSN                                 |                  | ges, tips, other comp.<br>8000.04                 |                              | me tax withheld<br>376.68       |  |
| 824-87-3288  | 3 Soc                                      | cial security wages                            | 4 Social sec                  | urity tax withheld               | 824-                                    | 87-3288                                    | 3 Soc            | cial security wages                               | 4 Social securit             |                                 |  |
| b. Employer ID number                                    | 5 Med                                      | dicare wages and tips                          | 6 Medicare                    | tax withheld                     | b. Empl                                 | oyer ID number                             | 5 Med            | dicare wages and tips                             | 6 Medicare tax               | withheld                        |  |
| 45-2661805   |  |  |                               |                                  |   | 2661805                                    |                  |   | o mourouro tux               | Williamora                      |  |
| c. Employer's name, addre                                | ess, an                                    | d ZIP code                                     |                               |                                  | c. Emp                                  | loyer's name, addre                        | ss, and          | ZIP code  |                              |                                 |  |
| NSN TECHNOLOGIES INC<br>24647 BETHANY WAY                |  |  |                               |                                  |   | NSN TECHNOLOGIES INC<br>24647 BETHANY WAY  |                  |   |                              |                                 |  |
| NOVI, MI 48375-2869                                      |  |  |                               |                                  |   | NOVI, MI 48375-2869                        |                  |   |                              |                                 |  |
| d. Control number  |  |  |                               |                                  | d. Conti                                | rol number                                 |                  |   |                              |                                 |  |
| 1 e. Employee's name, address, and ZIP code              |  |  |                               |                                  |   | e. Employee's name, address, and ZIP code  |                  |   |                              |                                 |  |
| ABARNA RANI RENKARAJAN                                   |  |  |                               |                                  | ABA                                     | ABARNA RANI RENKARAJAN                     |                  |   |                              |                                 |  |
| 2600 Ventura Dr<br>Apt 527                               |  |  |                               |                                  |   | 2600 Ventura Dr<br>Apt 527                 |                  |   |                              |                                 |  |
| Plano, TX 75   | 093  |  |                               |                                  |   | ano, TX 75                                 | 093              |   |                              |                                 |  |
| 7 Social security tips                                   | ocial security tips 8 Allocated tips       |  |                               |                                  |   | 7 Social security tips                     |                  | 8 Allocated tips                                  |                              |                                 |  |
| 10 Dependent care benefits                               |  | 11 Nonqualified plans                          | 12a Code                      | See inst, for box 12             | 10 Depe                                 | ndent care benefits                        |                  | 11 Nonqualified plans                             | 12a Code S                   | ee inst. for box 12             |  |
| 13 Statutory employee 1                                  | 14 Other                                   |  | 12b Code                      | 12b Code                         |   | 13 Statutory employee 1-                   |                  | r   | 12b Code                     | 12b Code                        |  |
| Retirement plan  |  |  | 12c Code                      | 3                                | · R                                     | etirement plan                             |                  |   | 12c Code                     |                                 |  |
| Third party sick pay                                     |  |  | 12d Code                      | a                                | Thi                                     | rd party sick pay                          |                  |   | 12d Code                     |                                 |  |
| MI   45-2661805  | 5  | 8000.  | 04                            | 226.68                           | MI                                      | 45-26618                                   | ).<br>5          | 8000.   | .04                          | 226.68                          |  |
| 15 State Empir.'s state II                               |  | 16 State wages, tips, etc.                     |                               | te income tax                    | 15 State                                |  |                  | 27.50.0   |                              |                                 |  |
| 18 Local wages, tips,etc.                                |  | 19 Local income tax                            | 20 Locality                   |                                  | -                                       | Emplr.'s state it wages, tips, etc.        |                  | 16 State wages, tips, etc.<br>19 Local income tax | 20 Locality                  | name                            |  |
|  |  |  |                               |                                  |   |  |                  |   |                              |                                 |  |
| Form W-2 Wage and Tax S                                  |  | ent<br>ned to the Internal Revenue S           |                               | f the Treasury IRS<br>39-1908647 | Form                                    | W-2 Wage and Tax                           | Stateme          | ent   | Dept. of the                 | e Treasur y – IRS<br>39-1908647 |  |
| •  |  |  |                               |                                  | 1                                       |  |                  |   |                              | 00 1000011                      |  |
|  |  | hed to the IRS. If you are requi               |                               |                                  |   | VW2-B22C                                   | Con              | yright AccountantsWorld, 2004                     |                              |                                 |  |
| penalty/other sanction may I<br>Copy C For EMPLOYE       |  | osed on you if this income is taxal<br>RECORDS | ole & you fail to<br>201      | OMB M                            |   |  |                  | iployee's State,                                  | 2017                         | OMB No.                         |  |
| (See Notice to Employ<br>a. Employee's SSN               |  |  |                               | 2 Federal income tax withheld    |   | City, or Local Income<br>a. Employee's SSN |                  | Return  | 2 Federal incom              | 1545-0008<br>ne tax withheld    |  |
| 824-87-3288  | 7-3288                                     |  |                               | 376.68                           |   | 824-87-3288                                |                  | 8000.04   |                              | 376.68                          |  |
| b. Employer ID number                                    |  |  | 4 Social seci                 | Social security tax withheld     |   | b. Employer ID number                      |                  | ial security wages                                | 4 Social security            | Social security tax withheld    |  |
| 45-2661805   |  |  | 6 Medicare t                  | Medicare tax withheld            |   | 45-2661805                                 |                  | icare wages and tips                              | 6 Medicare tax               | 6 Medicare tax withheld         |  |
| c. Employer's name, address , and ZIP code               |  |  |                               |                                  |   | c. Employer's name, address, and ZIP code  |                  |   |                              |                                 |  |
| NSN TECHNOLOGIES INC                                     |  |  |                               |                                  |   | NSN TECHNOLOGIES INC                       |                  |   |                              |                                 |  |
| 24647 BETHANY WAY<br>NOVI, MI 48375-2869                 |  |  |                               |                                  |   | 24647 BETHANY WAY<br>NOVI, MI 48375-2869   |                  |   |                              |                                 |  |
| d. Control number  |  |  |                               |                                  |   | ol number                                  |                  |   |                              |                                 |  |
| 1  |  |  |                               |                                  | 1                                       |  |                  |   |                              |                                 |  |
| e. Employee's name, addres<br>ABARNA RANI                |  | ZIP code<br>IKARAJAN                           |                               |                                  | e. Emplo                                | oyee's name, addres<br>ARNA RANI           | s, and Z<br>RENK | IP code<br>CARAJAN                                |                              |                                 |  |
| 2600 Ventura Dr  |  |  |                               |                                  | 0.0000000000000000000000000000000000000 | 2600 Ventura Dr<br>Apt 527                 |                  |   |                              |                                 |  |
| Apt 527<br>Plano, TX 750                                 | 093  |  |                               |                                  | _                                       | no, TX 750                                 | 093              |   |                              |                                 |  |
| 7 Social security tips                                   | Т  | 8 Allocated tips                               | Т                             |                                  | 7 Socia                                 | l security tips                            |                  | 8 Allocated tips                                  |                              |                                 |  |
| 10 Dependent care benefit                                | endent care benefits 11 Nonqualified plans |  | 12a Code See inst. for box 12 |                                  | 10 Depe                                 | 10 Dependent care benefits                 |                  | 11 Nonqualified plans                             | 12a Code Se                  | 12a Code See inst. for box 12   |  |
| 13 Statutory employee 14                                 | 1 Other                                    |  | 12b Code                      |                                  | 13 Statu                                | tory employee                              | 14 Other         |   | 12b Code                     |                                 |  |
| Retirement plan  |  |  | 12c Code                      |                                  | Re                                      | etirement plan                             |                  |   | 12c Code                     |                                 |  |
| Third party sick pay                                     |  |  | 12d Code                      | ,                                | This                                    | rd party sick pay                          |                  | 2   | 12d Code                     |                                 |  |
| MI 45-2661805  | <u> </u>                                   | 8000.  | 04                            | 226.68                           | MI                                      | 45-266180                                  | )5               | 8000.   | 04                           | 226.68                          |  |
| 15 State Empir.'s state II                               |  | 16 State wages, tips, etc.                     |                               | e income tax                     | 15 State                                | 27,  |                  |   |                              |                                 |  |
| 18 Loca I wages, tips, etc.                              |  | 19 Local income tax                            | 20 Localit                    |                                  |   | wages, tips, etc.                          |                  | 16 State wages, tips, etc.<br>19 Local income tax | 17 State in<br>20 Locality r |                                 |  |
|  |  |  |                               |                                  |   |  |                  |   |                              |                                 |  |
| Form W-2 Wage and Tax S                                  | Statem                                     | ent 39-1908647                                 | Dept. o                       | of the Treasury IRS              | Form                                    | W-2 Wage and Tax                           | Stateme          | ent 39-1908647                                    | Dept. of th                  | e Treasury IRS                  |  |