Copy B-To Be Filed With Employee's 41-0852411 Federal Tax Return. OMB No. 1545-00						
a Employee's soc. sec					2 Federal income tax withheld 10662.17	
625-81-1363		3 So	cial security wages	4 S	4 Social security tax withhe	
b Employer ID number	(EIN)		112948.00		7002.78	
		5 Me	edicare wages and tips	6 M	6 Medicare tax withheld	
16-1695874			112948.00		1637.75	
c Employer's name, ac	c Employer's name, address, and ZIP code					
MORLOGIC INC 2500 PACKARD ST STE 201						
ANN ARBOR			MI		48104	
d Control number						
e Employee's name, address, and ZIP code Suff.						
SANDEEP N. MUNDE 2820 STRAND CIR						
OVIEDO FL 32765						
7 Social security tips			located tips	9 Verification code		
10 Dependent care benefits		11 N	onqualified plans	128 D	12a Code D 17280.00	
13 Statutory employee	14 Other			12k	b Code	
Retirement plan				12c Code		
Third-party sick pay				12d Code		
GA 3262162-PV			95668.00	Ί	5520.00	
15 State Employer's sta	16 State wages, tips, etc.	<u> </u>	17 State income tax			
		19 L	ocal income tax	20	Locality name	
Farme W O Mana and T	· C4-4-	_		_		

Form W-2 Wage and Tax Statement Dept. of the Treasury -- IRS This information is being furnished to the Internal Revenue Service.

Copy C-For EMPLOYEI Notice to Employeeon th		41-0852411 OMB No. 1545-0008				
a Employee's soc. sec. no.	1 W	ages, tips, other comp. 95668.00	2 F	2 Federal income tax withheld 10662.17		
625-81-1363		3 Social security wages		4 Social security tax withheld		
b Employer ID number (EIN)		112948.00		7002.78		
,	5 M	edicare wages and tips	6 N	Medicare tax withheld		
16-1695874		112948.00				
c Employer's name, address, and ZIP code						
MORLOGIC INC						
2500 PACKARD ST STE 201						
ANN ARBOR		MI		48104		
d Control number						
e Employee's name, address, and ZIP code Suff.						
SANDEEP N. MUNDE 2820 STRAND CIR						
OVIEDO FL 32765						
7 Social security tips	8 A	located tips	9	9 Verification code		
10 Dependent care benefits	11 N	lonqualified plans	12	2a Code		
				17280.00		
13 Statutory employee 14 Ot	her		12	2b Code		
Retirement plan			12	2c Code		
Third-party sick pay			2d Code			
GA 3262162-PV	PV 95668.00			5520.00		
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax						
18 Local wages, tips, etc.		ocal income tax	20	Locality name		

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.					41-0852411 OMB No. 1545-0008	
a Employee's soc. sec	c. no.				2 Federal income tax withheld 10662.17	
625-81-1363					Social security tax withheld	
b Employer ID numbe	r (EIN)	1	112948	7002.78		
' ′	,	5 Me	edicare wages and ti	ps	6 Medicare tax withheld	
16-1695874		112948.00		1637.75		
c Employer's name, a	ddress, ai	nd ZII	ocode code			
MORLOGIC I						
2500 PACKA	RD ST	ST	E 201			
ANN ARBOR				MI	48104	
d Control number						
e Employee's name, a	iddress, a	nd ZI	P code		Suff.	
SANDEEP N. MUNDE 2820 STRAND CIR						
OVIEDO	OVIEDO FL 32765					
7 Social security tips		8 All	ocated tips		9 Verification code	
10 Dependent care benefits		11 N	onqualified plans		12a Code D 17280.00	
13 Statutory employee	Statutory employee 14 Other				12b Code	
Retirement plan				12c Code		
Third-party sick pay	1				12d Code	
GA 3262162-PV				8.00	5520.00	
15 State Employer's st			s, etc.	17 State income tax		
18 Local wages, tips, 6	etc.	19 L	ocal income tax		20 Locality name	

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Copy 2-To Be Filed	41-0852411 OMB No. 1545-0008					
a Employee's soc. sec.		1 Wages, tips, o		2 Federal income tax withheld 10662.17		
625-81-1363		3 Social security		4 Social security tax withheld		
b Employer ID number	(EIN)	11	2948.00	7002.78		
	5	5 Medicare wag		6 Medicare tax withheld		
16-1695874			2948.00	1637.75		
c Employer's name, ad	dress, and	d ZIP code				
MORLOGIC INC 2500 PACKARD ST STE 201						
ANN ARBOR		MI	48104			
d Control number						
e Employee's name, address, and ZIP code Suff.						
SANDEEP N. MUNDE 2820 STRAND CIR						
OVIEDO	OVIEDO FL 32765					
7 Social security tips	8	8 Allocated tips		9 Verification code		
10 Dependent care ben	efits 1	11 Nonqualified	plans	12a Code D 17280.00		
13 Statutory employee	14 Other			12b Code		
Retirement plan				12c Code		
Third-party sick pay			12d Code			
GA 3262162-P			95668.00	5520.00		
15 State Employer's sta 18 Local wages, tips, et		ber 116 State w 19 Local income		I17 State income tax 20 Locality name		

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Form W-2 Wage and Tax Statement

Form W-2 Wage and Tax Statement

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