

<p>Form <b>W-2</b> Wage and Tax Statement  <b>2019</b>  Copy B - To Be Filed With Employee's FEDERAL Tax Return  This information is being furnished to the Internal Revenue Service.  OMB No. 1545-0048 Department of the Treasury—Internal Revenue Service</p>	<p>Form <b>W-2</b> Wage and Tax Statement  <b>2019</b>  Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.  OMB No. 1545-0048 Department of the Treasury—Internal Revenue Service</p>	<p>Form <b>W-2</b> Wage and Tax Statement  <b>2019</b>  Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.  OMB No. 1545-0048 Department of the Treasury—Internal Revenue Service</p>	<p>Form <b>W-2</b> Wage and Tax Statement  <b>2019</b>  Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.  OMB No. 1545-0048 Department of the Treasury—Internal Revenue Service</p>
<p>1 Wages, tips, other compensation  <b>77007.92</b></p>	<p>2 Federal income tax withheld  <b>5924.87</b></p>	<p>1 Wages, tips, other compensation  <b>77007.92</b></p>	<p>2 Federal income tax withheld  <b>5924.87</b></p>
<p>3 Social security wages  <b>77007.92</b></p>	<p>4 Social security tax withheld  <b>4774.59</b></p>	<p>3 Social security wages  <b>77007.92</b></p>	<p>4 Social security tax withheld  <b>4774.59</b></p>
<p>5 Medicare wages and tips  <b>77007.92</b></p>	<p>6 Medicare tax withheld  <b>1116.69</b></p>	<p>5 Medicare wages and tips  <b>77007.92</b></p>	<p>6 Medicare tax withheld  <b>1116.69</b></p>
<p>b Employer identification number  <b>20-2675614</b></p>		<p>b Employer identification number  <b>20-2675614</b></p>	
<p>c Employer's name, address, and ZIP code  <b>REVSPRING INC.</b>  <b>38705 SEVEN MILE ROAD</b>  <b>STE 450</b>  <b>LIVONIA MI 48152</b></p>		<p>c Employer's name, address, and ZIP code  <b>REVSPRING INC.</b>  <b>38705 SEVEN MILE ROAD</b>  <b>STE 450</b>  <b>LIVONIA MI 48152</b></p>	
<p>a Employer's social security number  <b>339-08-5362</b></p>	<p>d Control number</p>	<p>a Employer's social security number  <b>339-08-5362</b></p>	<p>d Control number</p>
<p>7 Social security tips</p>	<p>8 Allocated tips</p>	<p>7 Social security tips</p>	<p>8 Allocated tips</p>
<p>9</p>	<p>10 Dependent care benefits</p>	<p>9</p>	<p>10 Dependent care benefits</p>
<p>11 Nonqualified plans  <b>DD 14808.56</b></p>	<p>12a See instructions for box 12  <b>DD 14808.56</b></p>	<p>11 Nonqualified plans  <b>DD 14808.56</b></p>	<p>12a See instructions for box 12  <b>DD 14808.56</b></p>
<p>14 Other</p>	<p>12b</p>	<p>14 Other</p>	<p>12b</p>
	<p>12c</p>		<p>12c</p>
	<p>12d</p>		<p>12d</p>
<p>13 Statutory employee</p>	<p>Retirement plan</p>	<p>13 Statutory employee</p>	<p>Retirement plan</p>
<p>13 Sickness pay</p>	<p>Sick pay</p>	<p>13 Sickness pay</p>	<p>Sick pay</p>
<p>e Employer's name, address, and ZIP code  <b>KARTHIK DEVARAJA</b>  <b>39242 POLO CLUB DR</b>  <b>103</b>  <b>FARMINGTON HILLS MI 48335</b></p>	<p>Suff:  </p>	<p>e Employer's name, address, and ZIP code  <b>KARTHIK DEVARAJA</b>  <b>39242 POLO CLUB DR</b>  <b>103</b>  <b>FARMINGTON HILLS MI 48335</b></p>	<p>Suff:  </p>
<p>15 State  <b>MI</b></p>	<p>Employer's state ID number  <b>ME-0261603</b></p>	<p>15 State  <b>MI</b></p>	<p>Employer's state ID number  <b>ME-0261603</b></p>
<p>16 State wages, tips, etc.  <b>77007.92</b></p>		<p>16 State wages, tips, etc.  <b>77007.92</b></p>	
<p>17 State income tax  <b>2720.50</b></p>	<p>18 Local wages, tips, etc.</p>	<p>17 State income tax  <b>2720.50</b></p>	<p>18 Local wages, tips, etc.</p>
<p>19 Local income tax</p>	<p>20 Locality name</p>	<p>19 Local income tax</p>	<p>20 Locality name</p>

Refer to W-2 Instructions in Section 1 on back of Form.