

Void <input type="checkbox"/>		a Employee's social security number XXX-XX-8530		OMB No. 1545-0008	
b Employer identification number (EIN) 38-3468792		1 Wages, tips, other compensation 14139.15		2 Federal income tax withheld 742.97	
c Employer's name, address, and ZIP code LLPS, INC. 5859 W SAGINAW HWY STE 343 LANSING MI 48917		3 Social security wages 14139.15		4 Social security tax withheld 876.63	
		5 Medicare wages and tips 14139.15		6 Medicare tax withheld 205.02	
		7 Social security tips		8 Allocated tips	
d Control number 7		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. MEGHAN A. BLOWERS 424 W HANOVER ST MARSHALL MI 49068		11 Nonqualified plans		12a See instructions for box 12 Code	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b Code	
		14 Other		12c Code	
				12d Code	
f Employee's address and ZIP code					
15 State MI	Employer's state ID number 38-3468792	16 State wages, tips, etc. 14139.15	17 State income tax 600.88	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

Form **W-2** Wage and Tax Statement
Copy D—For Employer
DAA

2021

Department of the Treasury—Internal Revenue Service
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Act Notice, see separate instructions.