

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 MEGHAN A. BLOWERS 424 W HANOVER ST MARSHALL MI 49068			11 Nonqualified plans	12a See instructions for box 12 12b 12c 12d					
			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>				
			14 Other						
f Employee's address and ZIP code			15 State Employer's state ID number MI 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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