

<div>Void <input type="checkbox"/></div> <div><b>a</b> Employee's social security number XXX-XX-0857</div>		OMB No. 1545-0008									
<b>b</b> Employer identification number (EIN) 38-3468792			<b>1</b> Wages, tips, other compensation 21082.68			<b>2</b> Federal income tax withheld 1582.95					
<b>c</b> Employer's name, address, and ZIP code LLPS, INC. 5859 W SAGINAW HWY STE 343 LANSING MI 48917			<b>3</b> Social security wages 21082.68			<b>4</b> Social security tax withheld 1307.13					
			<b>5</b> Medicare wages and tips 21082.68			<b>6</b> Medicare tax withheld 305.70					
			<b>7</b> Social security tips			<b>8</b> Allocated tips					
			<b>9</b>			<b>10</b> Dependent care benefits					
<b>d</b> Control number 41			<b>11</b> Nonqualified plans			<b>12a</b> See instructions for box 12 C B E					
<b>e</b> Employee's first name and initial JOHN V. ORTEGON 4485 KENNETH DR # C-202 OKEMOS MI 48864			<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> <b>14</b> Other			<b>12b</b>					
						<b>12c</b>					
						<b>12d</b>					
<b>f</b> Employee's address and ZIP code											
<b>15</b> State MI		<b>16</b> State wages, tips, etc. 21082.68		<b>17</b> State income tax 772.61		<b>18</b> Local wages, tips, etc. 10194.83		<b>19</b> Local income tax 101.95		<b>20</b> Locality name MI-LNS	