

Void <input type="checkbox"/>	a Employee's social security number XXX-XX-0857	OMB No. 1545-0008
b Employer identification number (EIN) 38-3468792		
c Employer's name, address, and ZIP code LLPS, INC. 5859 W SAGINAW HWY STE 343 LANSING MI 48917		
d Control number 41		
e Employee's first name and initial JOHN V.		
Last name ORTEGON		
4485 KENNETH DR # C-202 OKEMOS MI 48864		
f Employee's address and ZIP code		
15 State MI	Employer's state ID number 38-3468792	16 State wages, tips, etc. 21082.68
17 State income tax 772.61	18 Local wages, tips, etc. 10194.83	19 Local income tax 101.95
20 Locality name MI-LNS		

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see separate instructions.
DAA

2020

W-2 Wage and Tax Statement

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