

Form **W-2 Wage and Tax Statement** 2014

c Employer's name, address, and ZIP code
HENRY FORD HEALTH SYSTEM
ONE FORD PLACE
DETROIT MI 48202

e Employee's name, address, and ZIP code

ANGELA CHERI GLENN
13304 PROSPECT AVE.
WARREN MI 48089

15 State Employer's state ID number
MI 381357020

16 State wages, tips, etc.
21514.46

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

13 Statutory employee Retirement plan Third-party sick pay

b Employer identification number (EIN)
38-1357020

a Employee's social security number
377-02-6013

17 State income tax
189.75

1 Wages, tips, other compensation
21514.46

3 Social security wages
21514.46

5 Medicare wages and tips
21514.46

11 Nonqualified plans

14 Other

2 Federal income tax withheld
360.80

4 Social security tax withheld
1333.90

6 Medicare tax withheld
311.96

12a See instructions for box 12
BB 1600.91

12b DD 12195.26

12c

12d

Copy B-To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.
OMB No. 1545-0008

Dept. of the Treasury - IRS
Visit the IRS website at www.irs.gov/efile.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

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Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

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