Copy B - For Employe	e's Federal Inc	ome Tax Return	2021 OMB No. 1545-0008	Copy 2 - For Employe	e's State Income	rax Return	[NJ] 2021 OMB No. 1545-0008		
a Employee's social security number 295 - 65 - 1297	1 Wages, tips, oth 2 3 Social security v	1459.96	Federal income tax withheld Social security tax withheld	a Employee's social security number 295 – 65 – 1297	1 Wages, tips, other 214 3 Social security wag	159.96	Federal income tax withheld Social security tax withheld		
b Employer ID number	2	1459.96	1330.52	b Employer ID number	214	159.96	1330.52		
26-2273768	5 Medicare wages 2	and tips 1459.96	6 Medicare tax withheld 311.16	26-2273768	5 Medicare wages at 214	nd tips 6	Medicare tax withheld 311.16		
cEmployer's name, address, AUROLIFE PHAR 2400 Route 13 Dayton, NJ 08	MA, LLC ON			cEmployer's name, address, i AUROLIFE PHAR 2400 Route 13 Dayton, NJ 08	MA, LLC ON				
d Control number 58822 200274				d Control number 58822 200274					
e Employee's name, address, Vignesh Ram K 22 yorkshire 1B East windsor,	umar Rajen drive NJ 08520			eEmployee's name, address, Vignesh Ram K 22 yorkshire 1B East windsor,	ımar Rajend drive	ran			
7 Social security tips	8 Allocated ti	ps	9 Advance EIC payment	7 Social security tips	8 Allocated tips		9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualifi	ed plans		10 Dependent care benefits	11 Nonqualified	plans			
12a C	0.54	13 Statutory emp	loyee Retirement plan 3rd-party sick pay	12a C	0.54	13 Statutory employee Retirement plan 3rd-party			
12b DD 12c 12d	DD 3054.30		0 14 Other NJSDI-E 107.96 NJWD-ES 4.01 UI/WF/SWF 93.98		3054.30	NJWD-E	Other NJSDI-E 107.96 NJWD-ES 4.01 UI/WF/SWF 93.98		
N/A 15 State Employer's State ID#	t 16 State	N/A wages, tips, etc.	N/A	NJ 262-273-70 FLI 262-273-70 15 State Employer's State ID#	58/00 b	22973.01 ges, tips, etc.	768.63 64.33		
18 Local wages, tips, etc. N/A		ncome tax N/A	20 Locality name N/A	18 Local wages, tips, etc. N/A	19 Local inc		20 Locality name N/A		

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

OMB No. 1545-0008

Copy C - FOR EMP	LOYE	EE'S RE	CORDS ON	LY	2021	OMB No. 1545-0008		
a Employee's social security number	1 Wage	es, tips, other 21	comp. 459.96	2 Feder	2 Federal income tax withheld			
295-65-1297	3 Socia	Social security wages		4 Social security tax withheld				
b Employer ID number		21459.96		1330.52				
26-2273768	5 Medicare wages and tips 21459.96			6 Medicare tax withheld 311.16				
c Employer's name, address, an AUROLIFE PHARM 2400 Route 130 Dayton, NJ 088	A, L N							
d Control number 58822 200274								
e Employee's name, address, ar Vignesh Ram Ku 22 yorkshire d 1B East windsor,	mar rive	Rajend	ran					
7 Social security tips	8 /	8 Allocated tips			9 Advance EIC payment			
10 Dependent care benefits		11 Nonqualified plans						
^{12a} C	0.54 13 Statutory employee Retirement				Retirement plan	3rd-party sick pay		
12b DD	305	l l		I-E 107.96				
12c			NJWD-ES 4.01 UI/WF/SWF 93.98					
12d								
FLI 262-273-76				64.33				
NJ 262-273-76				768.63				
15 State Employer's State ID#	16 State wages, tips, etc.			17 State income tax				
18 Local wages, tips, etc.	19 Local inc	- -	20 L	20 Locality name				
N/A]	N/A		N/A			

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS