Notice to Employee
Do you have to file? Refer to the Form 1040 Instructions to determine if you are required to file a tax return. From 10 you do not have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income recdit (EIC). You may be able to take the EIC for 2018 if your adjusted gross income (AGI) is less than a certain amount. The amount of credit is based on income and family size.

Workers without châlren could qualify for a smaller credit. You and any qualifying châldren must have valid social security numbers (SSNs). You can that the EIC if your investment income is more than the specified amount for 2018 or if income is earned for services provided while you were an intante at a penal institution. For 2018 in come lamits and more information, vist w was 'as you'EITC.

Also see Pub. 596, Earnel Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Also see Pub. 396, trained informe cream, my face and the security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers. Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2: from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct tout aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by caling 800-772-1213. You may also wist the SSA at www.SSA.gov.
Cost of employer-sponsored beath coverage (if such cost is provided by the employer). The reporting in Box 12, using Code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with Code DD is not taxable.
Credit for excess taxes. If you had more than one employer in 2018 and more than \$7,960.80 in social security and/or TFr 1 rational retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one rational employer and more than \$4,047.60 in TFr 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 Instructions and Pub. 505, Tax Wathholding and Estimated Tax. Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any

### Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. Tourn any be required to report this amount on Form 8959. Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 3, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips shown

\$200,000.

Box 8. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount onless you can prove that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. On Form 4137 you will actual the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you

must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 9. If you are e-filing and if there is a code in this box, enter if when prompted by your software. The only valid characters are the letters AF and numerals 0-9. This code assists the IRS in validating the W-2 data submitted with your return. The code is not entered on paper-filed returns.

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plani). Any amount over \$5,000 also is included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 11. This amount is: (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan for (b) included in box 3 and/or 5 if it is a prior year deferred unount. This box should the two 457(b) plan the became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box should fit be true diff you had a deferral amount for Shot 131, we should in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should fits Form SSA-131, you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Blexive deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EL) under all plans are generally limited to a total of \$18,500 (\$12,200 if you dry law eSIMPLE plans; \$21,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. \$71). Deferrals under code G are limited to \$18,500. Deferrals under code H are limited to \$18,000 (\$10,000

have SIMPLE pairs, Sci., 1000 ton section (work) phase a year period of the public ST, 1000 terms under code G are limited to SIS, 500. Determals under code Hare limited to ST, 000.

However, if you were at least age 50 in 2018, your employer may have allowed an additional deferral of up to \$6,000 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on decive deferrals. For code G, the limit on decive deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in sexess of the overall elective deferral limit must be included in income. See the instructions for Form 1040.

\*\*Math. Math. Amount. 1040 for Sim. 1040

Note. If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior yearfs) when you were in military service. To figure whether you made exc deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the tributions are for the current ye

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See the Form 1040 instructions.

 $\begin{array}{l} \textbf{B--} Uncollected \ Medic are \ tax \ on \ tips. \ Include \ this \ tax \ on \ Form \ 1040. \ See \ the \ Form \ 1040 \ instruction \\ \textbf{C--} Taxable \ cost \ of \ group-term \ life \ insurance \ over \ $50,000 \ (included \ in \ boxes \ 1, \ 3 \ (up \ to \ social \ tax) \ description \$ urity wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement. E—Elective deferrals under a section 403(b) salary reduction agreement

F-Elective deferrals under a section 408(k)(6) salary reduction SEP

deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable ski pay (information only, not included in boxes 1, 3, or 5)

K—20% exc is class on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated emplybyee usiness expense reimbursements (nontaxable)

M—Uncollected social security or RRTA at on taxable cost of group-term life insurance over \$50,000 (former emplyees only). See the Form 1040 instructions.

N—the collected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former Payment).

pubyoes only). See the Form 1040 instructions.

—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces of included in boxes 1, 3, or 5)

—Nontaxable combat pay. See the instructions for Form 1040 for details on reporting this amount.

—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and nong-Term Care Insurance Contracts.

—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box

—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to impute any taxable and nontaxable amounts.

Compute any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting

requirements.

W—Emphyer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your Health Savings Account. Report on Form 8889, Health Savings Accounts (HSAs).

(HSAs).
Y—Deternals under a section 409A nonqualified deferred compensation plan.
Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plas interest. See the Form 1040 instructions.

A—Designated Roth contributions under a section 401(k) plan.

1040 instructions.

A—Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan.

BB—Designated Roth contributions under a section 403(b) plan.

DD—Cost of employer-sponsored health coverage. The amount reported with Code DD is not taxable.

BE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-except or organization section 457(b) plan. This amount does not apply to contributions under a tax-except organization section 457(b) plan. This amount does not apply to contribution from qualified equity grants under section 83(i) election as of the close of the calendar year HB—Aggregate deferrals under a cettor 83(i) elections as of the close of the calendar year HB—Aggregate deferrals under a cettor 83(i) elections as of the close of the calendar year HB—Aggregate deferrals under a cettor 83(i) elections as of the close of the calendar year HB—Aggregate (RRA).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance permiting deducted, notinxable income, educational assistance payments, or a member of the clergy's parsonage allow ance and utilities. Ratificad employers use this box to report airdion arteriment (RRTA) compensation, Tier 1 tax, Tie-clude tips reported by the employer to the employer in airdional reference (RRTA) compensation.

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

return. However, to help protect your social security benefits, keep Copy C until you begin receiving

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b)

social security benefits, just in case there is a question about your work record and/or earnings in a

deferred comencusation blan

return. However, to help protect your social security benefits, just in case there is a question about your work record and/or earnings in a

deferred comencusation blan

# Form W-2 Wage and Tax Statement

## 2018

Copy C, for employee's records

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 immosted on your if this income is suble and you fail to report it.

				may be imposed	on you if this income is taxable and you fail		
d Control number Void			c Employer's name, address, and ZIP code	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
,			PROFUSION SYSTEMS INC				
b Employer's identification number	a Employee's social security nu	mber	825 GEORGES ROAD	1 Wages, tips, other compensation 2 Federal Income tax withheld			
47-2847925 365-35-4342			SUITE 1A	109600.00	9714.77		
13 Statutory Retires Employee   plan	ment Third-party   sick pay		" " " "	3 Social Security wages	4 Social Security tax withheld		
pian	a Sick pay		NORTH BRUNSWICK NJ 08902	109600.00	6795.20		
	1 Other		e Employee's name, address, and ZIP code	5 Medicare wages and tips	6 Medicare tax withheld		
	ASDI 6	81.00	1	109600.00	1589.20		
			RAM KUMAR MUTHUKUMARASAMY 455 CRESCENT AVENUE	7 Social Security tips	8 Allocated Tips		
			APT # 8 SUNNYVALE CA 94087	10 Dependent care benefits	11 Nonqualified plans		
			SUNN I VALE CA 9408/	Verification Code			
				8640-73b8-1409-887e			
15 State Employer's state I.I.	D. No. 16 State wages	, tips, etc.	. 17 State income tax 18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
CA 053-4448-6		68	8100.00 3500.43				

# Form W-2 Wage and Tax Statement

# 2018

2018

# Copy B, to be filed with employee's FEDERAL tax return

d Control number Void 0021-16026784 0000000010-			c Employer's name, address, and ZIP code PROFUSION SYSTEMS INC				Department of the Treasury - Internal Revenue Service OMB No. 1545-0008						
b Employer's identification number a Employee's		s social security number 35-4342 Third-party sick pay		825 GEORGES ROAD SUITE 1A NORTH BRUNSWICK NJ 08902				$ \begin{array}{c c} 1 \text{ Wages, tips, other compensation} & 2 \text{ Federal Income tax withheld} \\ 109600.00 & 9714.77 \\ \hline 3 \text{ Social Security wages} & 4 \text{ Social Security tax withheld} \\ 109600.00 & 6795.20 \\ \hline \end{array} $					
12 See Instrs. for Box 12 14 Othe CASI				6	81.00	RAM K 455 CR APT # 8	e's name, address, and ZIP code KUMAR MUTHUKUMARASAMY RESCENT AVENUE 8 YVALE CA 94087			7 Socia	care wages and tips  109600.00  Il Security tips  endent care benefits	6 Medicare tax withheld  1589.20  8 Allocated Tips  11 Nonqualified plans	
15 State Employer's state I.D. No. 16 State wages, tips, etc.						17 State income tax		18 Local wages, tips, etc.		8640-73b8-	20 Locality name		
CA 053-4448-6		18-6				8100.00		3500.43					

# Form W-2 Wage and Tax Statement

# Copy 2, to be filed with employee's tax return for CA

d Control	number				Void	c Employer	s name, address, and ZI	IP code		$\overline{}$			
		Voiu	PROFUSION SYSTEMS INC					Department of the Treasury - Internal Revenue Service OMB No. 1545-0008					
0021-16026784 0000000010-				PROFU	2101/21211	ZIVIS INC		OMD 10. 1343-0000					
b Employer's identification number a Employee's social			s social security nu	mber	825 GEORGES ROAD				1 Wages, tips, other compensation 2 Federal Income tax withheld				
47-2847925			365-35-4342			CLUTTE 1.4					es, tips, other compensation		
		Retiren		Third-party		SUITE 1A					109600.00		9714.77
Employee		plan		sick pay		NORTH BRUNSWICK NJ 08902				3 Social Security wages		4 Social Security tax withheld	
											109600.00		6795.20
12 See Instrs. for Box 12			Other	•		e Employee's name, address, and ZIP code					care wages and tips	6 Medicare tax withheld	
		C.	ASDI	6	81.00						109600.00	1589.20	
						RAM KUMAR MUTHUKUMARASAMY					al Security tips	8 Allocated Tips	
						455 CRESCENT AVENUE APT # 8 SUNNYVALE CA 94087							
											endent care benefits	11 Nonqualified plans	
						SUNN I VALE CA 94087				Veri	Verification Code		
15 State Employer's state I.D. No. 16 S			16 State wages	tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	20 Locality name		
CA 053-444		48-6			6	3100.00		3500.43					
				1									