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. Free me if 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 (EC). You may be able to take the EIC for 2019 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 children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can this take the EIC if your airestement income is more than the specified amount for 2019 or if ancome is earned for services provided while you were an intained at a penal institution. For 2019 in come limits and more information, vist www.sr.goveETIC.

Also see Pub. 596, Earned 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. 390, named informe cream. Full factors and a finite factor 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 employer to correct your employer to the correct way and the state of the correct way and any statement, with the Social Security Administration (SSA) to correct any Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount crorr reported to the SAs 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 to that each give an early SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health 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 2019 and more than 88,239.80 in social security and/or TFr 1 railroad retirement (RSTA) 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 railroad employer and more than 54,830 in 1 TFr 2 RSTA tax was withheld, you also may be able to claim a credit. See your Form 1040 Instructions and Pub. 505, Tax Withholding and Estimated Tax.

#### Instructions for Employee

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. You may be required to report this amount on Form 8999, Additional Medicare Tax. See the Form 1040 instructions. You may be required to report this amount on Form 8999, and the second of the federal income tax withheld on all Medicare wages and tips shown Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips shown Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips shown as No. 1000 in the second of the second

\$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 unless you can prove that you recreded a smaller amount. If you have records that show the actual amount of tips your received, report that amount even if it is more or less than the allocated tips. On Form 4137, you will calculate

must report as income and on other tips you did not report to your employer. By filing Form 4137, so your social security in will be credited to your social security record (used to figure your benefits). So your social security record (used to figure your benefits). E-Substantiated employee business capease reimbursements (nontasable) by so or incurred on your behalf (achding amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 also is included in box 1.0 miles lembed in the section 126 (cafeteria) plan). Any amount over \$5,000 also is included in box 1.0 miles lembed in the section 126 (cafeteria) plan). Any amount over \$5,000 also is included in box 1.0 miles lembed in the section 126 (cafeteria) plan). Any amount over \$5,000 also is included in box 1.0 miles lembed in the section 126 (cafeteria) plan). Any amount over \$5,000 also is included in box 1.0 miles plantial to the section 126 (cafeteria) plan). Any amount over \$5,000 also is included in box 1.0 miles plantial to the section 126 (cafeteria) plan). Any amount over \$5,000 also is included in box 1.0 miles plantial to the section 126 (cafeteria) plantial plantia

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D. E. F. and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,000 (\$13,000 if you only more SIMPLE plans, \$22,000 for socion 403(b) plans if you qualify for the \$1-5-year rule explained in Pub. \$71). Deferrals under code G are limited to \$19,000. Deferrals under code H are limited to

nave start Expans, second of the public of t

included in income: See the assultances for Point 1990.

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 year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is

Secretary Constitutions are for the current year.

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

E-Elective deferrals under a section 403(b) salary reduction agree

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

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

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

ompute any taxanie and nonaxanie amounts.

—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social scurity 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). V—Deferrals 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 plus interest. See the Form 1040 instructions.

1040 instructions.

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

BB—Designated Koth contributions under a section 43(5) plan
DD—Cost of emphyser-sponsored health coverage. The amount reported with Code DD is not
taxable to the contributions under a governmental 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 contributions under at sux-except organization section 457(b) plan.
FF—Permitted benefits under a qualified small employer health reinbursement arrangement
GG—Income from qualified equalty grants under section 83(i) elections as of the close of the calendar year
Box 1.3 (If the "Retirement plan" box is checked, special limits may apply to the amount of traditional
IRA contributions you may deduct. See Pub. 590-A. Contributions to Individual Retirement
Arrangements (IRAs).
Box 14. Employers may use this box to report information such as state disability insurance taxes
withheld, union dues, uniform payments, health insurance premiums deducted, montacable income,
withheld union dues, uniform payments, health insurance premiums deducted, montacable income,
withheld union dues, uniform payments, health insurance premiums deducted, montacable income,
withheld union dues, uniform payments, health insurance premiums deducted, montacable income,
which is the properties of the properties of the contribution of the properties of the close of the contribution of the properties of the contribution of the properties of the contribution of the contribution of the properties of the contribution of the properties of the contribution of the contribution of the calendar of the properties of the contribution of the con

### Form W-2 Wage and Tax Statement

#### 2019

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.

d Control number    O20-19057525   O000000008-						•	, , , , , , , , , , , , , , , , , , , ,	máy be imposed	on you if this income is taxable and you fail		
b Employer's Identification number   a Employee's social security number   27-4031913   1 DEER PARK DRIVE SUITE F8   1 Wages, tips, other compensation   2 Federal Income tax withheld   333333.40   177   3 Social Security wages   4 Social Security tax withheld   3 Social Security wages   4 Social Security tax withheld   1 Value   1					1						
27-4031913   692-24-6132   1							50				
13 Statutory Employee Retirement plan Third-party sick pay  14 Other UL/HC/WD 141.80 DI 56.71  MANJEERA CHERUKUMALLI  15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name				1 DEE	R PARK DRIVE SUITE	F8	1 Wages, tips, other compensation	2 Federal Income tax withheld			
Employee plan sick pay  14 Social Security wages 4 Social Security wages 4 Social Security wages 4 Social Security tax withheld  12 See Instrs. for Box 12 UI/HC/WD 141.80 DI 56.71 MANJEERA CHERUKUMALLI 7 Social Security tips 6 Medicare tax withheld  15 Medicare wages and tips 6 Medicare tax withheld 7 Social Security tips 8 Allocated Tips 10 Dependent care benefits 11 Nonqualified plans				→ MONM	IOUTH JUNCTION NJ (	08852	33333.40	1778.40			
UI/HC/WD 141.80 56.71 MANJEERA CHERUKUMALLI 7 Social Security tips 8 Allocated Tips 10 Dependent care benefits 11 Nonqualified plans								3 Social Security wages	4 Social Security tax withheld		
10 Dependent care benefits  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. 19 Local income tax 20 Locality name				141.		's name, address, and ZIP code		5 Medicare wages and tips	6 Medicare tax withheld		
15 State Employer's state I.D. No. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name	l I		DI :		<sup>71</sup> MANJI	EERA CHERUKUMALL	L	7 Social Security tips	8 Allocated Tips		
								10 Dependent care benefits	11 Nonqualified plans		
									•		
NJ   274-031-913/000   33333.40   532.60				16 State wages, tips,		1	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
	NJ 27				33333.40	532.60					
NJ   FLI   26.69	NJ FI	LI				26.69					

# Form W-2 Wage and Tax Statement

# 2019

2019

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

						• • •					• •				
d Control number Void 0020-19057525 0000000008-					c Employer's name, address, and ZIP code BIOPHORE PHARMA INC				Department of the Treasury - Internal Revenue Service OMB No. 1545-0008						
			692-24-6132		nber	1 DEER PARK DRIVE SUITE F8 MONMOUTH JUNCTION NJ 08852			1 Wag 3 Soci	2 Federal Income tax withheld 1778.40 4 Social Security tax withheld					
12 See Instrs. for Box 12		U	14 Other UI/HC/WD 141.80 DI 56.71			e Employee's name, address, and ZIP code  MANJEERA CHERUKUMALLI			S Medicare wages and tips     7 Social Security tips     10 Dependent care benefits		6 Medicare tax withheld 8 Allocated Tips 11 Nonqualified plans				
15 State Employer's str.  NJ 274-031-91				16 State wages, t		3333.40	17 State income tax	532.60	18 Local wages, tips, etc.		19 Local income tax	20 Locality name			
NJ FLI						26.69									

## Form W-2 Wage and Tax Statement

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

b Employer's identification numbe 27-4031913  13 Statutory Retire		er a Employee	a Employee's social security numb		c Employer's name, address, and ZIP code BIOPHORE PHARMA INC 1 DEER PARK DRIVE SUITE F8 MONMOUTH JUNCTION NJ 08852			Department of the Treasury - Internal Revenue Service OMB No. 1545-0008  1 Wages, tips, other compensation 33333.40  2 Federal Income tax withheld 1778.4					
Employee plan				aick pay						3 300	ai oecurky wages		
12 See Instrs. for Box 12		_	14 Other UI/HC/WD		141.80		s name, address, and ZII			5 Med	icare wages and tips	6 Medicare tax withheld	
			DI	56.7		MANJEERA CHERUKUMALLI				7 Social Security tips		8 Allocated Tips	
										10 Dep	pendent care benefits	11 Nonqualified plans	
15 State Employer's state I.D. No. NJ 274-031-913/000		16 State wages,			17 State income tax	522.60	18 Local wages, tips, etc.		19 Local income tax	20 Locality nam	е		
NJ NJ	7/4-03 FLI	1-913	000		3.	3333.40		532.60 26.69					