2019 W-2 and EARNINGS SUMMARY



Employee Reference Wage and Tax Statement

Copy

| Copy C for employee's records. | | | | | | |
|--------------------------------|--------|-------|-------|----------|----------|--|
| d Control | | Dept. | Corp. | Employer | use only | |
| 000013 | KB/HSS | | | A | 17 | |

Employer's name, address, and ZIP code

PROFUSION SYSTEMS INC 825 GEORGES RD STE 1A N BRUNSWICK, NJ 08902 3357

Batch #90125

elf Employee's name, address, and ZIP code RAM MUTHUKUMARASAMY 455 CRESCENT AVENUE **APT # 8**

SUNNYVALE CA 94087

| 31 | JUNIVALE, CA 340 | | | | | |
|----|--|--|--|--|--|--|
| b | Employer's FED ID number 47-2847925 | a Employee's SSA number 365-35-4342 | | | | |
| 1 | Wages, tips, other comp. 107700.00 | 2 Federal income tax withheld 8898.79 | | | | |
| 3 | Social security wages 107700.00 | 4 Social security tax withheld 6677.40 | | | | |
| 5 | Medicare wages and tips 107700.00 | 6 Medicare tax withheld 1561.65 | | | | |
| 7 | Social security tips | 8 Allocated tips | | | | |
| 9 | | 10 Dependent care benefits | | | | |
| 11 | Nonqualified plans | 12a See instructions for box 12 | | | | |
| | Other | 12b | | | | |
| 14 | Other | 12c | | | | |
| | | 12d | | | | |
| | | 13 Stat emp Ret. plan 3rd party sick pa | | | | |
| 15 | State Employer's state ID no | o. 16 State wages, tips, etc. | | | | |
| 17 | State income tax | 18 Local wages, tips, etc. | | | | |
| 19 | Local income tax | 20 Locality name | | | | |
| | 4 | CONTRACTOR DATE: | | | | |

| 1 | Wages, tips, other co | | 2 Federal income tax withheld 8898.79 | | | | |
|--|--------------------------------|-------|---|------------------------|--|--|--|
| 3 | Social security wages | | 4 Social security tax withheld 6677.40 | | | | |
| 5 Medicare wages and tips 107700.00 | | | 6 Medicare tax withheld 1561.65 | | | | |
| d | Control number 00013 KB/HSS | Dept. | . Corp. | Employer use only A 17 | | | |

Employer's name, address, and ZIP code PROFUSION SYSTEMS INC

825 GEORGES RD STE 1A N BRUNSWICK, NJ 08902 3357

| b Employer's FED ID number 47-2847925 | a Employee's SSA number 365-35-4342 | | | | |
|--|--|--|--|--|--|
| 7 Social security tips | 8 Allocated tips | | | | |
| 9 | 10 Dependent care benefits | | | | |
| 11 Nonqualified plans | 12a See instructions for box 12 | | | | |
| 14 Other | 12b | | | | |
| | 12c | | | | |
| | 12d | | | | |
| | 13 Stat emp Ret. plan 3rd party sick pay | | | | |
| e/f Employee's name, address : RAM MUTHUKUMARA 455 CRESCENT AVE APT # 8 | SAMY | | | | |
| SUNNYVALE, CA 94 | 087 | | | | |
| 500 at 1.00 at | | | | | |
| SUNNYVALE, CA 94 | | | | | |

Federal Filing

Wage and Tax

Statement

Copy

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement and W-4 profile. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Wages, Tips, other Compensation Box 1 of W-2

Social Security Wages Box 3 of W-2

Box 5 of W-2

Gross Pay

107,700.00

107,700.00

107,700.00

Reported W-2 Wages

107,700.00

107,700.00

107,700.00

2. Employee Current W-4 Profile. To make changes, file a new W-4 with your payroll department.

RAM MUTHUKUMARASAMY 455 CRESCENT AVENUE APT # 8 SUNNYVALE, CA 94087

Social Security Number: 365-35-4342 Taxable Marital Status: MARRIED

Exemptions/Allowances:

FEDERAL: 5

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| 1 | Wages, tips, other co | | 2 Federal income tax withheld 8898.79 | | | | |
|--|-----------------------|-------|---|------------------------|--|--|--|
| 3 | Social security wages | | 4 Social security tax withheld 6677.40 | | | | |
| 5 Medicare wages and tips 107700.00 | | | 6 Medicare tax withheld 1561.65 | | | | |
| d | Control number | Dept. | Corp. | Employer use only A 17 | | | |

Employer's name, address, and ZIP code

PROFUSION SYSTEMS INC 825 GEORGES RD STE 1A NJ 08902 3357 N BRUNSWICK,

| b | Employer's FED ID number 47-2847925 | a Employee's SSA number 365-35-4342 | | | | |
|----|--|---|--|--|--|--|
| 7 | Social security tips | 8 Allocated tips | | | | |
| 9 | | 10 Dependent care benefits | | | | |
| 11 | Nonqualified plans | 12a | | | | |
| 14 | Other | 12b | | | | |
| | | 12c | | | | |
| | | 12d | | | | |
| | F-1 | 13 Stat emp. Ret. plan 3rd party sick pay | | | | |

elf Employee's name, address and ZIP code

RAM MUTHUKUMARASAMY 455 CRESCENT AVENUE **APT # 8** SUNNYVALE. CA 94087

| 0,0 | 21414 | ALL. | U/A | 0.70 | ٠. | | |
|-----|-------|------------|-------|--------|----|-------------------------|---|
| 15 | State | Employer's | state | ID no. | 16 | State wages, tips, etc. | |
| 17 | State | income tax | | | 18 | Local wages, tips, etc. | _ |
| 19 | Loca | income tax | | | 20 | Locality name | |

State Reference Wage and Tax Statement

Copy

| 1 | Wages, tips, other co 10770 | 2 Federal income tax withheld 8898.79 | | | | |
|--|--------------------------------|--|---|---------|-------------|----------------|
| 3 Social security wages 107700.00 | | | 4 Social security tax withheld 6677.40 | | | |
| 5 Medicare wages and tips 107700.00 | | | 6 | Medicar | e tax withh | eld 1561.65 |
| d | Control number 0013 KB/HSS | Dept. | | Corp. | Employer | use only |

PROFUSION SYSTEMS INC 825 GEORGES RD STE 1A N BRUNSWICK, NJ 08902 3357

| b | Employer's FED ID number 47-2847925 | a Employee's SSA number 365-35-4342 |
|-----|--|---|
| 7 | Social security tips | 8 Allocated tips |
| 9 | | 10 Dependent care benefits |
| 11 | Nonqualified plans | 12a |
| 14 | Other | 12b |
| | | 12c |
| | | 12d |
| | | 13 Stat emp. Ret. plan 3rd party sick par |
| elf | Employee's name, address a | and ZIP code |

RAM MUTHUKUMARASAMY 455 CRESCENT AVENUE **APT # 8** SUNNYVALE, CA 94087

| 15 | State | Employer's | state | ID n | 16 | State | wages, | tips, etc. |
|----|-------|------------|-------|------|----|-------|----------|------------|
| 17 | State | income tax | | | 18 | Loca | wages | tips, etc. |
| 19 | Local | income tax | | | 20 | Loca | lity nam | e |

or Local Reference Wage and Tax Statement