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 (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 children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can that the EIC if your airestement income is more than the specified amount for 2018 or if moome is earned for services provided while you were an intimate at a penal institution. For 2018 in come lamits and more information, vist we wis zero/EITC. 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. 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 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 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.

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 to determine if you are required to complete Form 8999.

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 wild characters are the kters AF and numerals 0-9. This code assists the IRS in waldating 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 (cafeteriax) plan). Any amount over 55,000 also is nebaded 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 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 shouldn't be used if you had a deferral amount for which the interval of the proper interval of the same calendar year. If you made a deferral and received a distribution in the same calendar year. If you made a deferral and received a distribution is be same calendar year. If you made a deferral and received a distribution is be same calendar year. If you made a deferral and of the calendar year, your employer should file Form SA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a cory.

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

The String Lines and the public of the publi

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 yea

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

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.

J—Nontaxable six lay of (information only, not included in boxes 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substinutated emplyee suniess expense reimbursements (nontanable)

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

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former Payment 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 ong-Tern Care Insurance Contracts.

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

1)
T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to 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.

requirements.

W—Employer 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, Tiechad tips reported by the employer to the employer in ratifical reference (RRTA) compensation.

return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

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						
0021-16022117 0000000016-				MICRO	TURN SYSTEMS INC							
b Employer's identificat	on numbe	r a Employee's	social security nun	nber	90 EAS	T HALSEY RD		1 Wages, tips, other compensation 2 Federal Income tax withheld				
20-4186902		733-9	99-0860		SUITE	301		87375.99	10585.90			
13 Statutory Employee	Retire plan	ement	Third-party sick pay		PARSIPPANY NJ 07054			3 Social Security wages	4 Social Security tax withheld			
					FARSII	FAN1 NJ 07034		87375.99	5417.31			
12 See Instrs. for Box 1	12 See Instrs. for Box 12 14 Other					's name, address, and ZIP code		5 Medicare wages and tips	6 Medicare tax withheld			
	CASDI			94.66				87375.99	1266.95			
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				15.02	12358 C	CARMEL COUNTRY RE)					
					APT 30	5		10 Dependent care benefits	11 Nonqualified plans			
					SAN D	IEGO CA 92130		W. W. d. & d.				
								Verification Code				
								1e3f-5de4	-7707-7ffa			
1	er's state l	.D. No.	16 State wages,			17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
CA 029-89:	50-7			87	7375.99	4416.57						
NJ 204-186-902/000												

Form W-2 Wage and Tax Statement

2018

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 are the improvement of the control of the control

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d Control n	Control number Void			c Employer	r's name, address, and ZIP code	•		Department of the Treasury - Internal Revenue Service						
0021-16	5022117	000	0000016-			MICRO TURN SYSTEMS INC					OMB No. 1545-0008			
b Employe	er's identificat	tion number	a Employee's	s social security nu	mber	90 EAS	ST HALSEY RD							
20-418	86902		733-	99-0860						1 Wage	s, tips, other compensation	2 Federal Income tax withheld		
		Retire				SUITE	301							
13 Statut Employ		plan	nent	Third-party sick pay		PARSIPPANY NJ 07054			3 Socia	l Security wages	4 Social Security tax withheld			
12 See Inst	12 See Instrs. for Box 12 14 Other					e Employee's name, address, and ZIP code					5 Medicare wages and tips 6 Medicare tax withhe			
			VIJAY RAMASAMY SADASIVAM					VAM	7 Socia	l Security tips	8 Allocated Tips			
					12358 CARMEL COUNTRY RD									
						APT 305 SAN DIEGO CA 92130					endent care benefits	11 Nonqualified plans		
						SAN DIEGO CA 92130					Verification Code			
										1e3f-5de4-7707-7ffa				
15 State	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			
NJ I	NJ FLI					7.12								
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Form W-2 Wage and Tax Statement

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

d Control number Void					Void	c Employer's name, address, and ZIP code				Department of the Treasury - Internal Revenue Service						
0021-16	0021-16022117 0000000016-				MICRO TURN SYSTEMS INC					OMB No. 1545-0008						
b Employ	er's identificati	on numbe	a Employee's	s social security nu	mber	90 EAST HALSEY RD										
20-41	186902		733-	99-0860							s, tips, other compensation	Federal Income tax withh				
	tutory	Retire	,	Third-party		SUITE	301				87375.	19	10585.90			
Empl		plan		sick pay		PARSII	PANY NJ 07	7054		3 Socia	I Security wages		Social Security tax withhe			
											87375.	99		5417.31		
12 See In					e Employee's name, address, and ZIP code					care wages and tips	6	Medicare tax withheld				
				94.66					87375.99				1266.95			
UI/HC/W DI					VIJAY RAMASAMY SADASIVAM				7 Social Security tips			Allocated Tips				
		ΟI		15.02	12358 (12358 CARMEL COUNTRY RD										
						APT 305				10 Dependent care benefits		11	Nonqualified plans			
							-	120								
						SAN DIEGO CA 92130				Verification Code						
									1e3f-5de4-7707-7ffa							
15 State	Employ	er's state l	D. No.	16 State wages,	tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name			
CA	CA 029-8950-7			87	7375.99		4416.57									
NJ 204-186-902/000																
				ı									1			

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. 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 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.

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 S&1-131, 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.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040. See the Form 1040 instruction C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social)). 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 ct tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated emplybyee usiniess expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax 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 Paym

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 ong-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) plun) 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, Tiechad tips reported by the employer to the employer in ratifical 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 B, to be filed with employee's FEDERAL tax return

d Control number 0021-16022117 000000016-	Void	c Employer's name, address, and ZIP code MICRO TURN SYSTEMS INC	Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
	s social security number 99-0860	90 EAST HALSEY RD SUITE 301	1 Wages, tips, other compensation	2 Federal Income tax withheld		
13 Statutory Retirement Employee plan	Third-party sick pay	PARSIPPANY NJ 07054	3 Social Security wages	4 Social Security tax withheld		
12 See Instrs. for Box 12 14 Other		e Employee's name, address, and ZIP code	5 Medicare wages and tips	6 Medicare tax withheld		
		VIJAY RAMASAMY SADASIVAM 12358 CARMEL COUNTRY RD	7 Social Security tips	8 Allocated Tips		
		APT 305 SAN DIEGO CA 92130	10 Dependent care benefits	11 Nonqualified plans		
		SAN DIEGO CA 92130	Verification Code			
			1e3f-5de4-7707-7ffa			
15 State Employer's state I.D. No. NJ FLI	16 State wages, tips, etc	17 State income tax 18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement

2018

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

0021-1	6022117 0000000016-			' ' '	s name, address, and ZIP code O TURN SYSTEMS INC		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008			
b Employer's identification number a Employee's social s 20-4186902 733-99-0			•	mber	90 EAS SUITE	T HALSEY RD		1 Wages, tips, other compensation 87375.99	² Federal Income tax withheld 10585.90	
	13 Statutory Retirement Employee plan		Third-party sick pay			PPANY NJ 07054		3 Social Security wages 87375.99	4 Social Security tax withheld 5417.31	
12 See I	12 See Instrs. for Box 12 14 Other CASDI					VIJAY 12358 (APT 30	•		5 Medicare wages and tips 87375.99 7 Social Security tips 10 Dependent care benefits	6 Medicare tax withheld 1266.95 8 Allocated Tips 11 Nonqualified plans
15 State			N-	40 00-1	da		IEGO CA 92130	40 Landon and the sta	Verification Code	
15 State Employer's state I.D. No. CA 029-8950-7		. NO.	16 State wages,		7375.99	4416.57	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

2018

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

d Control number 0021-16022117 000000016- b Employer's identification number a Employee's social security nur			Void	MICRO TURN SYSTEMS INC					Department of the Treasury - Internal Revenue Service OMB No. 1545-0008					
20-4186902 733-99-			•		90 EAST HALSEY RD SUITE 301					s, tips, other com	pensation 87375.99	2 Federal Income tax w	thheld 10585.90	
Empl		plan sick pay				PARSIPPANY NJ 07054					Security wages	87375.99	4 Social Security tax wi	5417.31
12 See Instrs. for Box 12 14 Other UI/HC/WD DI					33.61 15.02						are wages and tip I Security tips endent care benef	87375.99	6 Medicare tax withheld 8 Allocated Tips 11 Nonqualified plans	1266.95
						SAN DIEGO CA 92130				Verif	ication Code			
15 State NJ NJ	Employer's s 204-186-9 FLI		- 1	16 State wages,	tips, etc.		17 State income tax	7.12	18 Local wages, tips, etc.		19 Local incom	ne tax	20 Locality name	