

a Employee's SSN 747-38-5438		b Employer identification number (EIN) 45-2294855			OMB No. 1545-0008	
c Employer's name, address, and ZIP code IFUSION INC 100 HORIZON CENTER BLVD STE 201 HAMILTON NJ 08691		1 Wgs, tips, other compn 13400.00	2 Fed inc tax withheld 1507.00	3 Social security wages		
		4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code Suff. ROHIT PRAKASH CHINTALA 2005 ASPEN DR PLAINSBORO NJ 08536		13 Statutory employee <input type="checkbox"/>	14 Other		12b	
		Retirement plan <input type="checkbox"/>	NJ-SDI 22.78		12c	
		Third-party sick pay <input type="checkbox"/>	NJ-SUI 51.25 NJ-WFD 5.63 NJ-FLI 10.72		12d	
15 State NJ	Employer's state ID number 452-294-855/000	16 State wages, tips, etc 13400.00	17 State income tax 445.85	18 Local wages, tips, etc	19 Local income tax	20 Locality name

Form **W-2**
Wage and Tax Statement
2019

Copy B To Be Filed with Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

REV 01/15/20 QBDT

Department of the Treasury — IRS

a Employee's SSN 747-38-5438		b Employer identification number (EIN) 45-2294855			OMB No. 1545-0008	
c Employer's name, address, and ZIP code IFUSION INC 100 HORIZON CENTER BLVD STE 201 HAMILTON NJ 08691		1 Wgs, tips, other compn 13400.00	2 Fed inc tax withheld 1507.00	3 Social security wages		
		4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a		
e Employee's name, address, and ZIP code Suff. ROHIT PRAKASH CHINTALA 2005 ASPEN DR PLAINSBORO NJ 08536		13 Statutory employee <input type="checkbox"/>	14 Other		12b	
		Retirement plan <input type="checkbox"/>	NJ-SDI 22.78		12c	
		Third-party sick pay <input type="checkbox"/>	NJ-SUI 51.25 NJ-WFD 5.63 NJ-FLI 10.72		12d	
15 State NJ	Employer's state ID No. 452-294-855/000	16 State wages, tips, etc 13400.00	17 State income tax 445.85	18 Local wages, tips, etc	19 Local income tax	20 Locality name

Form **W-2**
Wage and Tax Statement
2019

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

REV 01/15/20 QBDT

a Employee's SSN 747-38-5438		b Employer identification number (EIN) 45-2294855			OMB No. 1545-0008	
c Employer's name, address, and ZIP code IFUSION INC 100 HORIZON CENTER BLVD STE 201 HAMILTON NJ 08691		This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.				
		1 Wgs, tips, other compn 13400.00	2 Fed inc tax withheld 1507.00	3 Social security wages		
		4 SS tax withheld	5 Medicare wages & tips	6 Medicare tax withheld		
d Control No.		7 Social security tips	8 Allocated tips	9		
e Employee's name, address, and ZIP code Suff. ROHIT PRAKASH CHINTALA 2005 ASPEN DR PLAINSBORO NJ 08536		10 Depdnt care benefits	11 Nonqualified plans	12a		
		13 Statutory employee <input type="checkbox"/>	14 Other		12b	
		Retirement plan <input type="checkbox"/>	NJ-SDI 22.78		12c	
		Third-party sick pay <input type="checkbox"/>	NJ-SUI 51.25 NJ-WFD 5.63 NJ-FLI 10.72		12d	
15 State NJ	Employer's state ID No. 452-294-855/000	16 State wages, tips, etc 13400.00	17 State income tax 445.85	18 Local wages, tips, etc	19 Local income tax	20 Locality name

Form **W-2**
Wage and Tax Statement
2019

Copy C For EMPLOYEE'S RECORDS.
(See Notice to Employee.)

REV 01/15/20 QBDT