

		a Employee's social security number 115-85-2209		Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008			
b Employer identification number (EIN) 461-44-2192		1 Wages, tips, other compensation 57903.84		2 Federal income tax withheld 7733.65			
c Employer's name, address, and ZIP code TECHMATRIX INC 622 GEORGES ROAD, SUITE 102 NORTH BRUNSWICK, NJ 08902		3 Social security wages		4 Social security tax withheld			
		5 Medicare wages and tips		6 Medicare tax withheld			
		7 Social security tips		8 Allocated tips			
d Control number		9		10 Dependent care benefits			
e Employee's name, address, and ZIP code AKHILKUMAR REDDY GUNNA APT 207 820 NW 86TH AVENUE PLANTATION, FL 33324		11 Nonqualified plans		12a See instructions for box 12			
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b			
		14 Other		12c			
				12d			
15 State FL	Employer's state ID number 461442192	16 State wages, tips, etc. 57903.84	17 State income tax 0.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

2019

Department of the Treasury - Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

		a Employee's social security number 115-85-2209		Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee.) OMB No. 1545-0008			
b Employer identification number (EIN) 461-44-2192		1 Wages, tips, other compensation 57903.84		2 Federal income tax withheld 7733.65			
c Employer's name, address, and ZIP code TECHMATRIX INC 622 GEORGES ROAD, SUITE 102 NORTH BRUNSWICK, NJ 08902		3 Social security wages		4 Social security tax withheld			
		5 Medicare wages and tips		6 Medicare tax withheld			
		7 Social security tips		8 Allocated tips			
d Control number		9		10 Dependent care benefits			
e Employee's name, address, and ZIP code AKHILKUMAR REDDY GUNNA APT 207 820 NW 86TH AVENUE PLANTATION, FL 33324		11 Nonqualified plans		12a See instructions for box 12			
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b			
		14 Other		12c			
				12d			
15 State FL	Employer's state ID number 461442192	16 State wages, tips, etc. 57903.84	17 State income tax 0.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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

2019

Department of the Treasury - Internal Revenue Service

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 imposed on you if this income is taxable and you fail to report it.