

a. Employee's Social Security Number *****4911		OMB No. 1545-0008					
b. Employer's Identification Number (EIN) 84-9980000		d. Control number		1 Wages, Tips, and other compensation 6758.58		2 Federal Income Tax withheld 255.87	
c. Employer's Name, Address, and ZIP Code DFAS-JFLL/IN 8899 EAST 56TH STREET INDIANAPOLIS IN 46249-1200				3 Social Security Wages 4588.00		4 Social Security Tax withheld 151.74	
				5 Medicare Wages and Tips 4588.00		6 Medicare Tax withheld 66.53	
				7 Social Security tips		8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code JAPSWEEN NMI KAUR 22 SOUTH SPRINGFIELD ROAD G3 CLIFTON HEIGH PA 19018				9		10 Dependent Care Benefits	
				12 See instructions for box 12  D 20 229.42		14 See instructions for box 14	
				13 <input type="checkbox"/> Statutory Employee		<input checked="" type="checkbox"/> Retirement Plan	
15 State PA	Employer's State ID Number 849980000	16 State Wages, Tips, etc 6758.58	17 State Income Tax 205.83	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name	
15 State	Employer's State ID Number	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 **2020**

Department of the Treasury - Internal Revenue Service  
Copy B To Be Filed With Employee's FEDERAL Tax Return  
This information is being furnished to the Internal Revenue Service

a. Employee's Social Security Number *****4911		OMB No. 1545-0008 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.					
b. Employer's Identification Number (EIN) 84-9980000		d. Control Number		1 Wages, Tips, other compensation 6758.58		2 Federal Income Tax withheld 255.87	
c. Employer's Name, Address, and ZIP Code DFAS-JFLL/IN 8899 EAST 56TH STREET INDIANAPOLIS IN 46249-1200				3 Social Security Wages 4588.00		4 Social Security Tax withheld 151.74	
				5 Medicare Wages and Tips 4588.00		6 Medicare Tax withheld 66.53	
				7 Social Security tips		8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code JAPSWEEN NMI KAUR 22 SOUTH SPRINGFIELD ROAD G3 CLIFTON HEIGH PA 19018				9		10 Dependent Care Benefits	
				12 See instructions for box 12  D 20 229.42		14 See instructions for box 14	
				13 <input type="checkbox"/> Statutory Employee		<input checked="" type="checkbox"/> Retirement Plan	
15 State PA	Employer's State ID Number 849980000	16 State Wages, Tips, etc 6758.58	17 State Income Tax 205.83	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name	
15 State	Employer's State ID Number	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 **2020**

Department of the Treasury - Internal Revenue Service  
Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on Back of Copy B)

**Form W-2 Wage and Tax Statement 2020**

**Copy C, for employees records**

d Control number 1101-11015894 058940107		Void	c Employer's name, address, and ZIP code OFFICE OF SECRETARY OF BOROUGH OF 9 PARK AVENUE MILLBOURNE PA 19082		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer's identification number 23-6003090		a Employee's social security number 153-21-4911		1 Wages, tips, other compensation 8078.00		2 Federal income tax withheld 492.81
13 Statutory employee	Retirement plan	Third-party sick pay		3 Social security wages 8078.00	4 Social security tax withheld 500.84	
12 See Instrs. for Box 12		14 Other PALS231302 46.00 PA UI 4.84		e Employee's name, address, and ZIP code JAPSWEN KAUR 22 SOUTH SPRINGFIELD ROAD G3 CLIFTON HEIGHTS, PA 19018		5 Medicare wages and tips 8078.00
						6 Medicare tax withheld 117.10
						7 Social security tips
						8 Allocated tips
						10 Dependent care benefits
						11 Nonqualified plans
15 State PA	Employer's state ID No. 1566 3040		16 State wages, tips, etc. 8078.00	17 State income tax 248.01	18 Local wages, tips, etc. 8078.00	19 Local income tax
						20 Locality name PA 231302

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.

**Form W-2 Wage and Tax Statement 2020**

**Copy B, to be filed with employees FEDERAL tax return**

d Control number 1101-11015894 058940107		Void	c Employer's name, address, and ZIP code OFFICE OF SECRETARY OF BOROUGH OF 9 PARK AVENUE MILLBOURNE PA 19082		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer's identification number 23-6003090		a Employee's social security number 153-21-4911		1 Wages, tips, other compensation 8078.00		2 Federal income tax withheld 492.81
13 Statutory employee	Retirement plan	Third-party sick pay		3 Social security wages 8078.00	4 Social security tax withheld 500.84	
12 See Instrs. for Box 12		14 Other PALS231302 46.00 PA UI 4.84		e Employee's name, address, and ZIP code JAPSWEN KAUR 22 SOUTH SPRINGFIELD ROAD G3 CLIFTON HEIGHTS, PA 19018		5 Medicare wages and tips 8078.00
						6 Medicare tax withheld 117.10
						7 Social security tips
						8 Allocated tips
						10 Dependent care benefits
						11 Nonqualified plans
15 State PA	Employer's state ID No. 1566 3040		16 State wages, tips, etc. 8078.00	17 State income tax 248.01	18 Local wages, tips, etc. 8078.00	19 Local income tax
						20 Locality name PA 231302

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.

**Form W-2 Wage and Tax Statement 2020**

**Copy 2, to be filed with employees tax return for PA**

d Control number 1101-11015894 058940107		Void	c Employer's name, address, and ZIP code OFFICE OF SECRETARY OF BOROUGH OF 9 PARK AVENUE MILLBOURNE PA 19082		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer's identification number 23-6003090		a Employee's social security number 153-21-4911		1 Wages, tips, other compensation 8078.00		2 Federal income tax withheld 492.81
13 Statutory employee	Retirement plan	Third-party sick pay		3 Social security wages 8078.00	4 Social security tax withheld 500.84	
12 See Instrs. for Box 12		14 Other PALS231302 46.00 PA UI 4.84		e Employee's name, address, and ZIP code JAPSWEN KAUR 22 SOUTH SPRINGFIELD ROAD G3 CLIFTON HEIGHTS, PA 19018		5 Medicare wages and tips 8078.00
						6 Medicare tax withheld 117.10
						7 Social security tips
						8 Allocated tips
						10 Dependent care benefits
						11 Nonqualified plans
15 State PA	Employer's state ID No. 1566 3040		16 State wages, tips, etc. 8078.00	17 State income tax 248.01	18 Local wages, tips, etc. 8078.00	19 Local income tax
						20 Locality name PA 231302

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.

**Form W-2 Wage and Tax Statement 2020**

**Copy 2, to be filed with employees tax return for 231302**

d Control number 1101-11015894 058940107		Void	c Employer's name, address, and ZIP code OFFICE OF SECRETARY OF BOROUGH OF 9 PARK AVENUE MILLBOURNE PA 19082		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer's identification number 23-6003090		a Employee's social security number 153-21-4911		1 Wages, tips, other compensation 8078.00		2 Federal income tax withheld 492.81
13 Statutory employee	Retirement plan	Third-party sick pay		3 Social security wages 8078.00	4 Social security tax withheld 500.84	
12 See Instrs. for Box 12		14 Other PALS231302 46.00 PA UI 4.84		e Employee's name, address, and ZIP code JAPSWEN KAUR 22 SOUTH SPRINGFIELD ROAD G3 CLIFTON HEIGHTS, PA 19018		5 Medicare wages and tips 8078.00
						6 Medicare tax withheld 117.10
						7 Social security tips
						8 Allocated tips
						10 Dependent care benefits
						11 Nonqualified plans
15 State PA	Employer's state ID No. 1566 3040		16 State wages, tips, etc. 8078.00	17 State income tax 248.01	18 Local wages, tips, etc. 8078.00	19 Local income tax
						20 Locality name PA 231302

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.

1 Wages, tips, other compensation	32913.54	2 Federal Income tax withheld	2798.72
3 Social security wages	35440.10	4 Social security tax withheld	2197.29
5 Medicare wages and tips	35440.10	6 Medicare tax withheld	513.88
a Employee's SSA number	Employer use only		
153-21-4911			
b Employer's FED ID number	d Control number		
23-6003046	00120152		
c Employer's name, address, and ZIP code			
County of Delaware 201 West Front Street Media PA 19063			
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	DD 22861.98		
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14 Other PA SUI	21.66	12c	
PA LST/OPT	52.00	12d	
e Employee's first name and initial Last name Suff.			
Japsween Kaur 22 S. Springfield Road Apt.G3 Clifton Heights PA 19018			
f Employee's address and ZIP code			
15 State PA	Employer's state ID 1566 2828	18 Local wages, tips, etc	36094.80
16 State wages, tips, etc.	35440.10	19 Local income tax	360.91
17 State income tax	1087.98	20 Locality name	231002-23
Form OMB. No. 1545-0008 <b>W-2 Wage and Tax Statement 2020</b> Copy C for Employee's records			
Dept. of the Treasury - Internal Revenue Service. 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 Wages, tips, other compensation	32913.54	2 Federal Income tax withheld	2798.72
3 Social security wages	35440.10	4 Social security tax withheld	2197.29
5 Medicare wages and tips	35440.10	6 Medicare tax withheld	513.88
a Employee's SSA number	Employer use only		
153-21-4911			
b Employer's FED ID number	d Control number		
23-6003046	00120152		
c Employer's name, address, and ZIP code			
County of Delaware 201 West Front Street Media PA 19063			
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	DD 22861.98		
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14 Other PA SUI	21.66	12c	
PA LST/OPT	52.00	12d	
e Employee's first name and initial Last name Suff.			
Japsween Kaur 22 S. Springfield Road Apt.G3 Clifton Heights PA 19018			
f Employee's address and ZIP code			
15 State PA	Employer's state ID 1566 2828	18 Local wages, tips, etc	36094.80
16 State wages, tips, etc.	35440.10	19 Local income tax	360.91
17 State income tax	1087.98	20 Locality name	231002-23
Form OMB. No. 1545-0008 <b>W-2 Wage and Tax Statement 2020</b> Copy 2 To Be Filed With Employee's STATE Income Tax Return			
Dept. of the Treasury - Internal Revenue Service			

1 Wages, tips, other compensation	32913.54	2 Federal Income tax withheld	2798.72
3 Social security wages	35440.10	4 Social security tax withheld	2197.29
5 Medicare wages and tips	35440.10	6 Medicare tax withheld	513.88
a Employee's SSA number	Employer use only		
153-21-4911			
b Employer's FED ID number	d Control number		
23-6003046	00120152		
c Employer's name, address, and ZIP code			
County of Delaware 201 West Front Street Media PA 19063			
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	DD 22861.98		
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14 Other PA SUI	21.66	12c	
PA LST/OPT	52.00	12d	
e Employee's first name and initial Last name Suff.			
Japsween Kaur 22 S. Springfield Road Apt.G3 Clifton Heights PA 19018			
f Employee's address and ZIP code			
15 State PA	Employer's state ID 1566 2828	18 Local wages, tips, etc	36094.80
16 State wages, tips, etc.	35440.10	19 Local income tax	360.91
17 State income tax	1087.98	20 Locality name	231002-23
Form OMB. No. 1545-0008 <b>W-2 Wage and Tax Statement 2020</b> Copy B To Be Filed With Employee's FEDERAL Tax Return			
Dept. of the Treasury - Internal Revenue Service			

1 Wages, tips, other compensation	32913.54	2 Federal Income tax withheld	2798.72
3 Social security wages	35440.10	4 Social security tax withheld	2197.29
5 Medicare wages and tips	35440.10	6 Medicare tax withheld	513.88
a Employee's SSA number	Employer use only		
153-21-4911			
b Employer's FED ID number	d Control number		
23-6003046	00120152		
c Employer's name, address, and ZIP code			
County of Delaware 201 West Front Street Media PA 19063			
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	DD 22861.98		
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14 Other PA SUI	21.66	12c	
PA LST/OPT	52.00	12d	
e Employee's first name and initial Last name Suff.			
Japsween Kaur 22 S. Springfield Road Apt.G3 Clifton Heights PA 19018			
f Employee's address and ZIP code			
15 State PA	Employer's state ID 1566 2828	18 Local wages, tips, etc	36094.80
16 State wages, tips, etc.	35440.10	19 Local income tax	360.91
17 State income tax	1087.98	20 Locality name	231002-23
Form OMB. No. 1545-0008 <b>W-2 Wage and Tax Statement 2020</b> Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			
Dept. of the Treasury - Internal Revenue Service			

L4BL

Void

Corrected

OMB No. 1545-2251

2020

Form 1095-C

600120  
Employer  
Provided  
Health  
Insurance  
Offer and  
Coverage

APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

COUNTY OF DELAWARE  
201 WEST FRONT STREET  
MEDIA, PA 19063  
(877)255-3591



017783

Employee Offer of Coverage

Plan Start Mo. (Enter 2-digit no.)	14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see Instructions)	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	17 Zip Code
01				
All 12 Months	1E	\$ 0.00	2C	
Jan		\$		
Feb		\$		
Mar		\$		
Apr		\$		
May		\$		
Jun		\$		
Jul		\$		
Aug		\$		
Sep		\$		
Oct		\$		
Nov		\$		
Dec		\$		

EMPLOYEE'S Social Security Number (SSN)  
XXX-XX-4911

EMPLOYEE'S Age on Jan 1

Department of the Treasury - IRS

Do not attach to your tax return. Keep for your records. Go to [www.irs.gov/form1095c](http://www.irs.gov/form1095c) for instructions and the latest information.

EMPLOYEE'S name, address, ZIP/Postal code & Country

JAPSWEEEN KAUR  
22 S SPRINGFIELD RD APT G3  
CLIFTON HEIGHTS, PA 19018 US

APPLICABLE LARGE EMPLOYER'S identification number (EIN)  
23-6003046

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Covered Individuals If Employer provided self-insured coverage, check the box and enter information for each individual enrolled in coverage, including the employee.

(a) Name of the covered individual(s)	(b) SSN or other TIN	(c) DOB (If SSN or other TIN is not available)	(d) Covered at 12 mos.	(e) Months of Coverage																
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec					
18 JAPSWEEEN KAUR	XXX-XX-4911		<input checked="" type="checkbox"/>																	
19 AMANDEEP SINGH		04/25/1993	<input checked="" type="checkbox"/>																	
20			<input type="checkbox"/>																	
21			<input type="checkbox"/>																	
22			<input type="checkbox"/>																	
23			<input type="checkbox"/>																	
24			<input type="checkbox"/>																	
25			<input type="checkbox"/>																	
26			<input type="checkbox"/>																	
27			<input type="checkbox"/>																	
28			<input type="checkbox"/>																	
29			<input type="checkbox"/>																	
30			<input type="checkbox"/>																	

Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer, it is not required to furnish you a Form 1095-C providing information about the health coverage it offered.

In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Part III, provides information about you and your family members who had certain health coverage (referred to as "minimum essential coverage") for some or all months during the year. If you or your family members are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit.

Form 1095-C (2020)

If your employer provided you or a family member health coverage through an insured health plan or in another manner, you may receive information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, you may receive information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.

Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records.

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), including the individual shared responsibility provisions, the premium tax credit, and the employer shared responsibility provisions, visit [www.irs.gov/ACA](http://www.irs.gov/ACA) or call the IRS Healthcare Hotline for ACA questions (800-919-0452).