a. Employee's Social Security Number	OMB No. 1545-0008						
b. Employer's Identification Number (EIN) d. Contro 84-9980000	ol 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		3 Social Security Wages 4588.00	4 Social Security Tax withheld 151.74				
8899 EAST 56TH STREET INDIANAPOLIS IN 46249-1200		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		9	10 Dependent Care Benefits				
22 SOUTH SPRINGFIELD ROAD G3 CLIFTON HEIGH PA 19018		12 See instructions for box 12 D 20 229.42	14 See instructions for box 14				
	14	13 ☐ Statutory ☐ ☐ Employee ☐	Retirement Third-party				
15 State Employer's State ID Number 16 State Wag PA 849980000 6758.58	205.83						
15 State Employer's State ID Number 16 State Way	ges, Tips, etc 17 State Inc	ome Tax 18 Local wages, tips, etc 19 Loc	al 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

. Employee's Social Security Number	OMB No. 1545-000 return, a negligence	B This information is being furnished to the Inter penalty or other sanction may be imposed on yo	rnal Revenue Service, If you are required to file a tar ou if this income is taxable and you fail to report it.
b. Employer's Identification Number (EIN) d. Cor 84-9980000	ntrol Number	1 Wages, Tips, other compensat	tion 2 Federal Income Tax withheld
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8899 EAST 56TH STREET INDIANAPOLIS IN 46249-1200		5 Medicare Wages and Tips 4588.00	6 Medicare Tax withheld 66.53
		7 Social Security tips	8 Allocated Tips
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		13 ☐ Statutory Employee	Retirement Third-party
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Wage and Tax		Departm	nent of the Treasury - Internal Revenue Sen

Wage and Tax Statement

2020

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on Back of Copy B)

Form W-2 Wage and Ta	x Stateme	ent 2020		Copy C, for empl	oyees	records			
d Control number 1101-11015894 058940107	Void	c Employer's	s name, address, and ZIP code OF SECRETARY OF BORO	UGH OF		tment of the Treasury - Int No. 1545-0008	ternal Revenue Service		
- Employer's identification number a Employee's so	ocial security number	9 PARK A	AVENUE RNE PA 19082		1 Wage	s, tips, other compensation 8078.00	2 Federal income tax withheld 492.8		
13 Statutory Retirement plan	Third-party sick pay				3 Socia	security wages 8078.00	4 Social security tax withhel 500.8		
2 See Instrs. for Box 12 14 Other PALS231302	46.00		s name, address, and ZIP code		5 Medi	care wages and tips 8078.00	6 Medicare tax withheld 117.1		
PA UI	4.84	JAPSWEEN 22 SOUTH	SPRINGFIELD ROAD		7 Socia	I security tips	8 Allocated tips		
		G3 CLIFTON	HEIGHTS, PA 19018		10 Depa	endent care benefits	11 Nonqualitied plans		
5 State Employer's state ID No.	16 State wag	es, tips, etc.	17 State income tax	18 Local wages, tips	etc.	19 Local income tax	20 Locality name		
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Form W-2 Wage and Tax Control number 1101-11015894 058940107	Statemen	nt 2020			d wit	n employees FEDE	RAL tax return		
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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 fall to report it.

248.01

17 State income tax

JAPSWEEN KAUR

22 SOUTH SPRINGFIELD ROAD G3

CLIFTON HEIGHTS, PA 19018

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16 State wages, tips, etc.

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PA UI

Employer's state 1D No.

1566 3040

15 State

PA

058940			OFFICE		nternal Revenue Service					
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			G3 CLIFTON	HEIGHTS, PA 19018		10 Dept	endent care benefits	11 Nonqualified plans		
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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 fall to report it.

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7 Social security tips

18 Local wages, tips, etc.

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10 Dependent care benefits

19 Local income tax

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c Employer's name, address, and ZIP code County of Delaware 201 West Front Street Media PA 19063		c Employer's name, address, and ZIP code County of Delaware 201 West Front Street Media PA 19063	
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16 State wages, tips, etc. 35440.10	19 Local income tax	16 State wages, tips, etc.	19 Local income tax
17 State income tax	20 Locality name 360.91	17 State income tax	20 Locality name
W-2 Wage and Tax Statement 202	231002-23 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.	1087.98 Form OMB. No. 1545-0008	231002-23
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a Employee's SSA number	513.88 Employer use only	a Employee's SSA number 35440.10	
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W-2 Wage and Tax 202 Statement 202 Copy B To Be Filed With Employee's FEDERAL Tax	O Service	W-2 Wage and Tax 2020 Copy 2 To Be Filed With Employee's CITY or LOCAL I	Dept. of the Treasury - Internal Revenue Service ncome Tax Return

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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 or call the IRS Healthcare Hotline for ACA questions (800-919-0452).

Page 1