



Your Social Security Number (required)
194711687

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
SHAH SHIVAMKUMAR R

Spouse's/CU Partner's SSN (if filing jointly)

Home Address (Number and Street, including apartment number)

County/Municipality Code (See Table page 50)

508 MURRAY ST

City, Town, Post Office
AVENEL

State ZIP Code
NJ 070011619

Driver's License Number (Voluntary) (Instructions page 42)

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

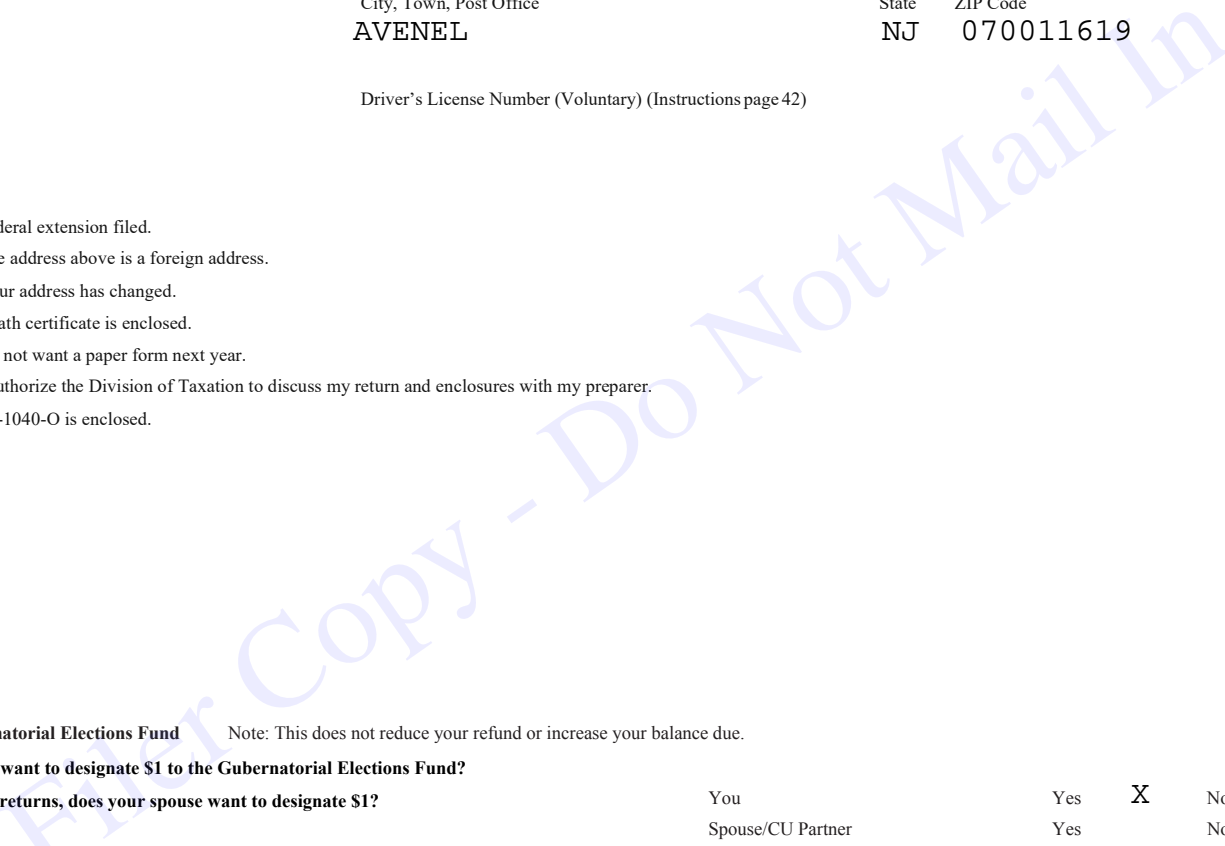
Do you want to designate \$1 to the Gubernatorial Elections Fund?

If joint returns, does your spouse want to designate \$1?

You	Yes	<input checked="" type="checkbox"/>	No
Spouse/CU Partner	Yes		No

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	4
dd2. Account type (C for checking, S for savings)	dd2.	
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.	
dd4. Routing number	dd4.	
dd5. Account number	dd5.	





Name(s) as shown on Form NJ-1040
SHAH SHIVAMKUMAR R

Your Social Security Number
194711687

N900

Part-year residents, provide months/days you were a New Jersey resident during 2020:
From: To:

Fiscal year filers only:
Enter month of your year end 2020

Filing Status Fill in only one.

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner
Indicate the year of your spouse's/CU partner's death: 2019 2020

Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner	Domestic Partner	1	x \$1,000 =	1000
7. Senior 65+ (Born in 1955 or earlier)	<input type="checkbox"/>	Self	Spouse/CU Partner		0	x \$1,000 =	0
8. Blind/Disabled	<input type="checkbox"/>	Self	Spouse/CU Partner		0	x \$1,000 =	0
9. Veteran	<input type="checkbox"/>	Self	Spouse/CU Partner		0	x \$6,000 =	0
10. Qualified Dependent Children	<input type="checkbox"/>					x \$1,500 =	0
11. Other Dependents	<input type="checkbox"/>					x \$1,500 =	0
12. Dependents Attending Colleges (See instructions)	<input type="checkbox"/>					x \$1,000 =	0
13. Total Exemption Amount (Add totals from the lines at 6 through 12)					13.		1000 .

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____

Filer Copy - Do Not Mail In



Name(s) as shown on Form NJ-1040
SHAH SHIVAMKUMAR R

Your Social Security Number
194711687

N900

15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	86041 .
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	. .
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	. .
17.	Dividends	17.	. .
18.	Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	. .
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	. .
20a.	Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	. .
20b.	Excludable Pensions, Annuities, and IRA Withdrawals	20b.	. .
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	. .
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	. .
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	. .
24.	Net Gambling Winnings (See instructions)	24.	. .
25.	Alimony and Separate Maintenance Payments received	25.	. .
26.	Other (Enclose documents) (See instructions)	26.	. .
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	86041 .
28a.	Retirement/Pension Exclusion (See instructions)	28a.	. .
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions page 19)	28b.	. .
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.	0 .
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	86041 .
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000 .
31.	Medical Expenses (See Worksheet F and instructions)	31.	. .
32.	Alimony and Separate Maintenance Payments (See instructions)	32.	. .
33.	Qualified Conservation Contribution	33.	. .
34.	Health Enterprise Zone Deduction	34.	. .
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	. .
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	. .
37.	Total Exemptions and Deductions (Add lines 30 through 36)	37.	1000 .
38.	Taxable Income (Subtract line 37 from line 29)	38.	85041 .
39a.	Total Property Taxes (18% of Rent) Paid (See instructions page 23)		
39b.	Block .		
39b.	Lot .		
39b.	Qualifier	Fill in if you completed Worksheet G	
39c.	County/Municipality Code		
39d.	Indicate your residency status during 2019 (fill in only one)	Homeowner	<input checked="" type="checkbox"/> Tenant
			Both
40.	Property Tax Deduction (From Worksheet H) (See instructions)	40.	. .
41.	New Jersey Taxable Income (Subtract line 40 from line 38)	41.	85041 .
42.	Tax on Amount on line 41 (Tax Table page 52)	42.	3290 .
43.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.	. .
	Enter Code		
44.	Balance of Tax (Subtract line 43 from line 42)	44.	3290 .
45.	Child and Dependent Care Credit (See instructions)	45.	. .
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit		
46.	Sheltered Workshop Tax Credit	46.	. .
47.	Gold Star Family Counseling Credit (See instructions)	47.	. .
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.	. .
49.	Total credits (Add lines 45 through 48)	49.	0 .
50.	Balance of Tax After Credits (Subtract line 49 from line 44) If zero or less, make no entry	50.	3290 .
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	. .
52.	Interest on Underpayment of Estimated Tax	52.	. .
	Fill in if Form NJ-2210 is enclosed		



Name(s) as shown on Form NJ-1040
SHAH SHIVAMKUMAR R

Your Social Security Number
194711687

N900

53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in	53.		.
54.	Total Tax Due (Add lines 50 through 53)	54.	3290	.
55.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)	55.	3252	.
56.	Property Tax Credit (See instructions page 23)	56.	.	.
57.	New Jersey Estimated Tax Payments/Credit from 2019 tax return	57.	.	.
58.	New Jersey Earned Income Tax Credit (See instructions)	58.	.	.
	Fill in if you had the IRS calculate your federal earned income credit			
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit			
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	59.	.	.
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.	.
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	61.	.	.
62.	Wounded Warrior Caregivers Credit (See instructions)	62.	.	.
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)	63.	.	.
64.	Total Withholdings, Credits, and Payments (Add lines 55 through 63)	64.	3252	.
65.	If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54 and enter the amount you owe	65.	38	.
	If you owe tax, you can still make a donation on lines 68 through 75.		.	.
66.	If the total on line 64 is more than line 54, you have an overpayment. Subtract line 54 from line 64 and enter	66.	.	.
67.	Amount from line 66 you want to credit to your 2021 tax	67.	.	.
68.	Contribution to N.J. Endangered Wildlife Fund \$10 \$20 Other	68.	.	.
69.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse \$10 \$20 Other	69.	.	.
70.	Contribution to N.J. Vietnam Veterans' Memorial Fund \$10 \$20 Other	70.	.	.
71.	Contribution to N.J. Breast Cancer Research Fund \$10 \$20 Other	71.	.	.
72.	Contribution to U.S.S. New Jersey Educational Museum Fund \$10 \$20 Other	72.	.	.
73.	Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code	73.	.	.
74.	Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code	74.	.	.
75.	Other Designated Contribution (See instructions) \$10 \$20 Other Enter Code	75.	.	.
76.	Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)	76.	0	.
77.	Balance due (If line 65 is more than zero, add line 65 and line 76)	77.	38	.
78.	Refund amount (If line 66 is more than zero, subtract line 76 from line 66)	78.	.	.

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

SHIVAMKUMAR R SHAH 03/22/2021

Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

Firm's Name Federal Employer Identification Number

Tax Due Address
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center
PO Box 111
Trenton, NJ 08645-0111
Include Social Security number and make check or money order payable to:
State of New Jersey - TGI
You can also make a payment on our website:
www.njtaxation.org

Refund or No Tax Due Address
Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center
PO Box 555
Trenton, NJ 08647-0555

REQUIRED

If your income on line 29 is above the filing threshold, you **must** submit this schedule with your return.

Name(s) as shown on Form NJ-1040 SHAH SHIVAMKUMAR R	Social Security Number 194711687
---	--

Schedule NJ-HCC

Health Care Coverage

2020

If your income on line 29 is at or below the filing threshold, do not complete this schedule.

PART I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2020? (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.

No. Continue to Part II.

PART II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												

Exemption number: Check box if this individual has more than one exemption number

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												

Exemption number: Check box if this individual has more than one exemption number

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												

Exemption number: Check box if this individual has more than one exemption number

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												

Exemption number: Check box if this individual has more than one exemption number

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name	Social Security Number												

Exemption number: Check box if this individual has more than one exemption number

Keep a copy of this schedule for your records

22222		a Employee's social security number		OMB No. 1545-0008						
b Employer identification number (EIN) 136121983			1 Wages, tips, other compensation 36,561		2 Federal income tax withheld 5,108					
c Employer's name, address, and ZIP code E R SQUIBB & SONS LLC, 430 E 29TH STREET 14F, NEW YORK NY 10016			3 Social security wages 39,638		4 Social security tax withheld 2,458					
			5 Medicare wages and tips 39,638		6 Medicare tax withheld 575					
			7 Social security tips		8 Allocated tips					
d Control number			9		10 Dependent care benefits					
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a C C C e C		
Shivamkumar R		Shah						105		
508 MURRAY ST, AVENEL NJ 070011619		f Employee's address and ZIP code		13 Statutory employee		Retirement plan		Third-party sick pay		12b C C C e W
				<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		675
				14 Other		12c C C C e DD		3,720		
						12d C C C e D		3,077		
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			
NJ	136121983/000		37,749	1,668						

Form **W-2** Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department

2020

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number		OMB No. 1545-0008				
b Employer identification number (EIN) 222203696			1 Wages, tips, other compensation 48,053		2 Federal income tax withheld 7,660			
c Employer's name, address, and ZIP code J&J SERVICES INC AGENT FOR JANSSEN R&D LLC, 8800 GRAND OAK CIR, TAMPA FL 33637			3 Social security wages 50,424		4 Social security tax withheld 3,126			
			5 Medicare wages and tips 50,424		6 Medicare tax withheld 731			
			7 Social security tips		8 Allocated tips			
d Control number			9		10 Dependent care benefits			
e Employee's first name and initial Shivamkumar R		Last name Shah		Suff.		11 Nonqualified plans		12a C o o d e W 500
508 MURRAY ST, AVENEL NJ 070011619		f Employee's address and ZIP code		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b C o o d e C 7		
				14 Other		12c C o o d e DD 4,575		
						12d C o o d e D 2,371		
15 State NJ	Employer's state ID number 222203696/000		16 State wages, tips, etc. 48,292	17 State income tax 1,584	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2020

Department of the Treasury—Internal Revenue Service

d Control Number 30009332		1 Wages, tips, other compensation 36561.42	2 Federal income tax withheld 5108.18
b Employer identification number (EIN) 13-6121983		3 Social security wages 39638.32	4 Social security tax withheld 2457.58
a Employee's social security number XXX-XX-1687		5 Medicare wages and tips 39638.32	6 Medicare tax withheld 574.76
c Employer's name, address and ZIP code E.R.SQUIBB & SONS LLC 430 E 29TH STREET, 14F NEW YORK NY 10016			

7 Social security tips		8 Allocated tips		9	
10 Dependent care benefits		11 Nonqualified plans		12a Code C 105.00	
12b Code D 3076.90		12c Code DD 3720.00		12d Code W 675.00	
13 Statutory employee		Retirement plan		14 Other UIWFSWF NJ FLI	
		X		150.02 64.87	

e Employee's name, address and ZIP code
SHIVAM SHAH
508 MURRAY ST
AVENEL NJ 07001

2020 Form W-2	15 State Employer's state ID no. NJ 136-121-983/000		16 State wages, tips, etc. 37749.22
---------------	--	--	--

Wage and Tax Statement Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)		17 State income tax 1667.56	18 Local wages, tips, etc.
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.		19 Local income tax	20 Locality name

d Control Number 30009332		1 Wages, tips, other compensation 36561.42	2 Federal income tax withheld 5108.18
b Employer identification number (EIN) 13-6121983		3 Social security wages 39638.32	4 Social security tax withheld 2457.58
a Employee's social security number XXX-XX-1687		5 Medicare wages and tips 39638.32	6 Medicare tax withheld 574.76
c Employer's name, address and ZIP code E.R.SQUIBB & SONS LLC 430 E 29TH STREET, 14F NEW YORK NY 10016			

7 Social security tips		8 Allocated tips		9	
10 Dependent care benefits		11 Nonqualified plans		12a Code C 105.00	
12b Code D 3076.90		12c Code DD 3720.00		12d Code W 675.00	
13 Statutory employee		Retirement plan		14 Other UIWFSWF NJ FLI	
		X		150.02 64.87	

e Employee's name, address and ZIP code
SHIVAM SHAH
508 MURRAY ST
AVENEL NJ 07001

2020 Form W-2	15 State Employer's state ID no. NJ 136-121-983/000		16 State wages, tips, etc. 37749.22
---------------	--	--	--

Wage and Tax Statement Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.		17 State income tax 1667.56	18 Local wages, tips, etc.
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.		19 Local income tax	20 Locality name

d Control Number 30009332		1 Wages, tips, other compensation 36561.42	2 Federal income tax withheld 5108.18
b Employer identification number (EIN) 13-6121983		3 Social security wages 39638.32	4 Social security tax withheld 2457.58
a Employee's social security number XXX-XX-1687		5 Medicare wages and tips 39638.32	6 Medicare tax withheld 574.76
c Employer's name, address and ZIP code E.R.SQUIBB & SONS LLC 430 E 29TH STREET, 14F NEW YORK NY 10016			

7 Social security tips		8 Allocated tips		9	
10 Dependent care benefits		11 Nonqualified plans		12a Code C 105.00	
12b Code D 3076.90		12c Code DD 3720.00		12d Code W 675.00	
13 Statutory employee		Retirement plan		14 Other UIWFSWF NJ FLI	
		X		150.02 64.87	

e Employee's name, address and ZIP code
SHIVAM SHAH
508 MURRAY ST
AVENEL NJ 07001

2020 Form W-2	15 State Employer's state ID no. NJ 136-121-983/000		16 State wages, tips, etc. 37749.22
---------------	--	--	--

Wage and Tax Statement Copy B - To Be Filed With Employee's FEDERAL Tax Return.		17 State income tax 1667.56	18 Local wages, tips, etc.
This information is being furnished to the Internal Revenue Service.		19 Local income tax	20 Locality name

d Control Number 30009332		1 Wages, tips, other compensation 36561.42	2 Federal income tax withheld 5108.18
b Employer identification number (EIN) 13-6121983		3 Social security wages 39638.32	4 Social security tax withheld 2457.58
a Employee's social security number XXX-XX-1687		5 Medicare wages and tips 39638.32	6 Medicare tax withheld 574.76
c Employer's name, address and ZIP code E.R.SQUIBB & SONS LLC 430 E 29TH STREET, 14F NEW YORK NY 10016			

7 Social security tips		8 Allocated tips		9	
10 Dependent care benefits		11 Nonqualified plans		12a Code C 105.00	
12b Code D 3076.90		12c Code DD 3720.00		12d Code W 675.00	
13 Statutory employee		Retirement plan		14 Other UIWFSWF NJ FLI	
		X		150.02 64.87	

e Employee's name, address and ZIP code
SHIVAM SHAH
508 MURRAY ST
AVENEL NJ 07001

2020 Form W-2	15 State Employer's state ID no. NJ 136-121-983/000		16 State wages, tips, etc. 37749.22
---------------	--	--	--

Wage and Tax Statement Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.		17 State income tax 1667.56	18 Local wages, tips, etc.
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.		19 Local income tax	20 Locality name

1 Wages, tips, other compensation		2 Federal income tax withheld	
48052.95		7660.46	
3 Social security wages		4 Social security tax withheld	
50423.61		3126.26	
5 Medicare wages and tips		6 Medicare tax withheld	
50423.61		731.14	
a Employee's SSA number		Employer use only	
194-71-1687			
b Employer's FED ID number		d Control number	
22-2203696		00567082	
c Employer's name, address, and ZIP code			
J&J SERVICES, INC. AGENT FOR JANSSEN R&D LLC 8800 GRAND OAK CIR TAMPA FL-33637			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
		DD 4575.20	
13 Statutory Employee Retirement plan Third-Party Sick pay		12b C 7.38	
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
14 Other		12c D 2370.66	
		12d W 500.00	
e Employee's first name and initial Last name Suff.			
Shivamkumar R Shah			
508 Murray Street Avenel NJ 07001			
f Employee's address and ZIP code			
15 State Employer's state ID		18 Local wages, tips, etc	
NJ 222203696/000		19 Local income tax	
16 State wages, tips, etc.		20 Locality name	
48292.35		1584.05	
17 State income tax			
Form OMB No. 1545-0008 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.			
W-2 Wage and Tax Statement 2020			
Copy C for Employee's records			

1 Wages, tips, other compensation		2 Federal income tax withheld	
48052.95		7660.46	
3 Social security wages		4 Social security tax withheld	
50423.61		3126.26	
5 Medicare wages and tips		6 Medicare tax withheld	
50423.61		731.14	
a Employee's SSA number		Employer use only	
194-71-1687			
b Employer's FED ID number		d Control number	
22-2203696		00567082	
c Employer's name, address, and ZIP code			
J&J SERVICES, INC. AGENT FOR JANSSEN R&D LLC 8800 GRAND OAK CIR TAMPA FL-33637			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
		DD 4575.20	
13 Statutory Employee Retirement plan Third-Party Sick pay		12b C 7.38	
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
14 Other		12c D 2370.66	
		12d W 500.00	
e Employee's first name and initial Last name Suff.			
Shivamkumar R Shah			
508 Murray Street Avenel NJ 07001			
f Employee's address and ZIP code			
15 State Employer's state ID		18 Local wages, tips, etc	
NJ 222203696/000		19 Local income tax	
16 State wages, tips, etc.		20 Locality name	
48292.35		1584.05	
17 State income tax			
Form OMB No. 1545-0008 Dept. of the Treasury - Internal Revenue Service			
W-2 Wage and Tax Statement 2020			
Copy 2 To Be Filed With Employee's STATE Income Tax Return			

1 Wages, tips, other compensation		2 Federal income tax withheld	
48052.95		7660.46	
3 Social security wages		4 Social security tax withheld	
50423.61		3126.26	
5 Medicare wages and tips		6 Medicare tax withheld	
50423.61		731.14	
a Employee's SSA number		Employer use only	
194-71-1687			
b Employer's FED ID number		d Control number	
22-2203696		00567082	
c Employer's name, address, and ZIP code			
J&J SERVICES, INC. AGENT FOR JANSSEN R&D LLC 8800 GRAND OAK CIR TAMPA FL-33637			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
		DD 4575.20	
13 Statutory Employee Retirement plan Third-Party Sick pay		12b C 7.38	
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
14 Other		12c D 2370.66	
		12d W 500.00	
e Employee's first name and initial Last name Suff.			
Shivamkumar R Shah			
508 Murray Street Avenel NJ 07001			
f Employee's address and ZIP code			
15 State Employer's state ID		18 Local wages, tips, etc	
NJ 222203696/000		19 Local income tax	
16 State wages, tips, etc.		20 Locality name	
48292.35		1584.05	
17 State income tax			
Form OMB No. 1545-0008 Dept. of the Treasury - Internal Revenue Service			
W-2 Wage and Tax Statement 2020			
Copy B To Be Filed With Employee's FEDERAL Tax Return			

1 Wages, tips, other compensation		2 Federal income tax withheld	
48052.95		7660.46	
3 Social security wages		4 Social security tax withheld	
50423.61		3126.26	
5 Medicare wages and tips		6 Medicare tax withheld	
50423.61		731.14	
a Employee's SSA number		Employer use only	
194-71-1687			
b Employer's FED ID number		d Control number	
22-2203696		00567082	
c Employer's name, address, and ZIP code			
J&J SERVICES, INC. AGENT FOR JANSSEN R&D LLC 8800 GRAND OAK CIR TAMPA FL-33637			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
		DD 4575.20	
13 Statutory Employee Retirement plan Third-Party Sick pay		12b C 7.38	
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
14 Other		12c D 2370.66	
		12d W 500.00	
e Employee's first name and initial Last name Suff.			
Shivamkumar R Shah			
508 Murray Street Avenel NJ 07001			
f Employee's address and ZIP code			
15 State Employer's state ID		18 Local wages, tips, etc	
NJ 222203696/000		19 Local income tax	
16 State wages, tips, etc.		20 Locality name	
48292.35		1584.05	
17 State income tax			
Form OMB No. 1545-0008 Dept. of the Treasury - Internal Revenue Service			
W-2 Wage and Tax Statement 2020			
Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

OMB No. 1545-2251 600120
2020

Part I Employee		2 Social security number (SSN) ***-**-1687		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 51-0524195	
1 Name of employee (first name, middle initial, last name) SHIVAMKUMAR R SHAH				7 Name of employer JANSSEN RESEARCH & DEVELOPMENT, LLC			
3 Street address (including apartment no.) 508 MURRAY STREET				9 Street address (including room or suite no.) 920 US ROUTE 202 P.O. BOX 300		10 Contact telephone number 800-565-0122	
4 City or town AVENEL		5 State or province NJ		6 Country and ZIP or foreign postal code 07001		11 City or town RARITAN	
				12 State or province NJ		13 Country and ZIP or foreign postal code 08869	

Part II Employee Offer of Coverage		Employee's Age on January 1												Plan Start Month (enter 2-digit number): 01		
		All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
4 Offer of Coverage (enter required code)			1A	1A	1A	1A	1A	1A	1H	1H	1H	1H	1H	1H		
5 Employee Required Contribution (see instructions)		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$		
6 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)			2C	2C	2C	2C	2C	2C	2B	2A	2A	2A	2A	2A		
7 ZIP Code																

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2020)

Part III Covered Individuals - If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>																
(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
18 SHIVAMKUMAR R SHAH	***-**-1687			X	X	X	X	X	X	X	X	X				
19																
20																
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																

Employer-Provided Health Insurance Offer and Coverage

▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/form1095c for instructions and the latest information.

VOID
 CORRECTED

OMB No. 1545-0047 600120
2020

Part I Employee		2 Social security number (SSN) XXX-XX-1687	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 13-6121983
1 Name of employee (first name, middle initial, last name) SHIVAM SHAH		7 Name of employer ER SQUIBB & SONS LLC			
3 Street address (including apartment no.) 508 MURRAY ST		9 Street address (including room or suite no.) 4931 GEORGE ROAD		10 Contact telephone number 1-844-557-3344	
4 City or town AVENEL	5 State or province NJ	6 Country and ZIP or foreign postal code US 07001	11 City or town TAMPA	12 State or province FL	13 Country and ZIP or foreign postal code US 33634

	Employee's Age on January 1												Plan Start Month (enter 2-digit number): 01		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1A	1A	1A	1A	1A	1A		
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2C	2C	2C	2C	2C	2C		
17 ZIP Code															

Part III Covered Individuals		If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>																
	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage													
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
18	SHIVAM SHAH	XXX-XX-1687											X	X	X	X	X	X
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		