

2020 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
W-2 Wage and Tax Statement		2020	
Copy C for employee's records. OMB No. 1545-0008			
d Control number 0000004208 RPE	Dept. BF45	Corp. S	Employer use only 2029
c Employer's name, address, and ZIP code YORK RISK SERVICES GROUP INC1 1 UPPER POND RD BLDG F 4 PARSIPPANY, NJ 07054			
e/f Employee's name, address, and ZIP code AKHTAR KHAN 5063 VININGS BLVD DUBLIN, OH 43016			
b Employer's FED ID number 13-1963636	a Employee's SSA number XXX-XX-0996		
1 Wages, tips, other comp. 71681.19	2 Federal income tax withheld 4714.70		
3 Social security wages 76341.98	4 Social security tax withheld 4733.20		
5 Medicare wages and tips 76341.98	6 Medicare tax withheld 1106.96		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C 395.98		
14 Other	12b D 4660.79		
	12c		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay X		
15 State OH	Employer's state ID no. 52-598596 6	16 State wages, tips, etc. 71681.19	
17 State income tax 2002.71		18 Local wages, tips, etc. 76341.98	
19 Local income tax 1526.72		20 Locality name DUBLIN	

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	76,607.18	SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2	4,733.20
FED. INCOME TAX WITHHELD BOX 02 OF W-2	4,714.70	MEDICARE TAX WITHHELD BOX 06 OF W-2	1,106.96
STATE INCOME TAX BOX 17 OF W-2	2,002.71	SUI/SDI BOX 14 OF W-2	0.00
LOCAL INCOME TAX BOX 19 OF W-2	1,526.72		

To change your employee W-4 profile information file a new W-4 with your payroll department

AKHTAR KHAN
5063 VININGS BLVD
DUBLIN, OH 43016

Social Security Number: XXX-XX-0996



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Dept. BF45		Employer use only 2029	
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19 Local income tax 1526.72		20 Locality name DUBLIN	
Federal Filing Copy			
W-2 Wage and Tax Statement		2020	
Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008			

1 Wages, tips, other comp. 71681.19	2 Federal income tax withheld 4714.70	3 Social security wages 76341.98	4 Social security tax withheld 4733.20
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19 Local income tax 1526.72		20 Locality name DUBLIN	
OH. State Filing Copy			
W-2 Wage and Tax Statement		2020	
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008			

1 Wages, tips, other comp. 71681.19	2 Federal income tax withheld 4714.70	3 Social security wages 76341.98	4 Social security tax withheld 4733.20
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19 Local income tax 1526.72		20 Locality name DUBLIN	
City or Local Filing Copy			
W-2 Wage and Tax Statement		2020	
Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008			

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York Risk Services Group Inc
8125 Sedgwick Way
Memphis, TN 38125

0010736**000027**000001*****AUTO**ALL FOR AADC 430



0010736

AKHTAR KHAN
5063 VININGS BLVD
DUBLIN OH 43016-7140

600120

Form 1095-C

Employer-Provided Health Insurance Offer and Coverage

VOID
 CORRECTED

OMB No. 1545-2251

2020

Department of the Treasury
Internal Revenue Service

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

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) Akhtar Khan		2 Social security number (SSN) xxx-xx-0996		7 Name of employer York Risk Services Group Inc		8 Employer identification number (EIN) 13-1963636	
3 Street address (including apartment no.) 5063 Vinings Blvd				9 Street address (including apartment no.) 8125 Sedgwick Way		10 Contact telephone number 866-686-0406	
4 City or town Dublin		5 State or province OH		6 Country and ZIP or foreign postal code USA 43016		11 City or town Memphis	
						12 State or province TN	
						13 Country and ZIP or foreign postal code United States 38125	

Part II Employee Offer and Coverage		Employee's Age on January 1						Plan Start Month: 01					
14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
1A													
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2G												
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.

(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	Jun	Jul	Aug	Sep	Oct	Nov	Dec
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Cat. No. 60705M

Form 1095-C (2020)



0010736

CNB BANK
 PO BOX 42
 CLEARFIELD PA 16830-0042

Tax Statement for Form 1098

Tax Year 2020

1098 - Copy B - For Payer/Borrower - OMB No. 1545-1380

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE
 (keep for your records)

The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.

AKHTAR J KHAN
 5063 VININGS BLVD
 DUBLIN OH 43016-7140

1140

0707-01-00-0947997-0001-0949912

RECIPIENT/LENDER'S TIN 25-0422340
CUSTOMER SERVICE PHONE # 1-800-492-3221
PAYER/BORROWER'S TIN XXX-XX-0996

ACCOUNT NUMBER (see instructions)	ACCOUNT TYPE	IRS DESCRIPTION	IRS BOX #	AMOUNT
* * * 2020 FORM 1098, MORTGAGE INTEREST STATEMENT * * *				
2012100501001	Mortgage Loan			
		MORTGAGE INTEREST RECEIVED FROM PAYER(S)/BORROWER(S)	* 1	1025.23
		OUTSTANDING MORTGAGE PRINCIPAL	2	64591.71
		MORTGAGE ORIGINATION DATE	3	10/31/2012
		ADDRESS OF PROPERTY SECURING MORTGAGE SAME AS	7	
		PAYER'S/BORROWER'S ADDRESS		
		REAL ESTATE TAXES PAID	10	2905.75

* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

CNB BANK
PO BOX 42
CLEARFIELD PA 16830-0042

Tax Statement for Form 1098

Tax Year 2020

1098 - Copy B - For Payer/Borrower - OMB No. 1545-1380

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE
(Keep for your records)

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AKHTAR J KHAN
5063 VININGS BLVD
DUBLIN OH 43016-7140

1140

0707-01-00-0947996-0001-0949911

RECIPIENT/LENDER'S TIN

25-0422340

CUSTOMER SERVICE PHONE #

1-800-492-3221

PAYER/BORROWER'S TIN

XXX-XX-0996

ACCOUNT NUMBER (see instructions)	ACCOUNT TYPE	IRS DESCRIPTION	IRS BOX #	AMOUNT
* * * 2020 FORM 1098, MORTGAGE INTEREST STATEMENT * * *				
1307645622	Mortgage Loan			
	MORTGAGE INTEREST RECEIVED FROM PAYER(S)/BORROWER(S)		* 1	827.19
	OUTSTANDING MORTGAGE PRINCIPAL		2	63750.00
	MORTGAGE ORIGINATION DATE		3	05/26/2020
	ADDRESS OF PROPERTY SECURING MORTGAGE SAME AS		7	
	PAYER'S/BORROWER'S ADDRESS			
	REAL ESTATE TAXES PAID		10	3091.15

* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. THE HUNTINGTON NATIONAL BANK 41 SOUTH HIGH ST. COLUMBUS, OH 43215 1-800-480-2265		Payer's RTN (optional)		OMB No. 1545-0112 2020 Form 1099-INT		Interest Income		
PAYER'S TIN 30-0537225		RECIPIENT'S TIN XXX-XX-0996		1 Interest income \$ 200.10			Copy B For Recipient	
RECIPIENT'S name and address AKHTAR KHAN 5063 VININGS BLVD DUBLIN OH 43016-7140		2 Early withdrawal penalty \$		3 Interest on U.S. Savings Bonds and Treas. obligations \$		This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.		
4 Federal income tax withheld \$		5 Investment expenses \$		6 Foreign tax paid \$			7 Foreign country or U.S. possession	
8 Tax-exempt interest \$		9 Specified private activity bond interest \$		10 Market discount \$			11 Bond premium \$	
12 Bond premium on Treasury obligations \$		13 Bond premium on tax-exempt bond \$		14 Tax-exempt and tax credit bond CUSIP no.			15 State	
16 State identification no.		17 State tax withheld \$		Account number (see instructions) See Page 3 for Account Detail			FATCA filing requirement <input type="checkbox"/>	
18 State tax withheld \$		19 State tax withheld \$		20 State tax withheld \$			21 State tax withheld \$	

Form **1099-INT** (keep for your records) www.irs.gov/Form1099INT Department of the Treasury - Internal Revenue Service