

Form W-2 Wage and Tax Statement		COPY C For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Employee Earnings Statement.)		2022 OMB No. 1545-0008	
a Control number 2261	1 Wages, tips, other comp. 31572.71	2 Federal income tax withheld 3608.12			
b Employer's EIN 13-3819494	3 Social security wages 1346.15	4 Social security tax withheld 83.46			
d Employee's SSN 658-38-8647	5 Medicare wages and tips 1346.15	6 Medicare tax withheld 19.52			
c Employer's name, address and ZIP code JOY CONSTRUCTION CORPORATION 40 FULTON STREET NEW YORK NY 10038					
13 Statutory employee	Retirement plan	Third-party sick pay			
e Employee's name, address and ZIP code GAGAN SINGH 21 PATERSON ST APT#1 JERSEY CITY NJ 07307					
7 Social security tips	8 Allocated tips	9			
10 Dependent care benefits		11 Nonqualified plans			
12 See instructions for box 12 DD 2073.06		14 Other UI/DB 7.48			
15 State NY	Employer's state ID no. 133819494	16 State wages, tips, etc. 31572.71	17 State income tax 1548.92		
18 Local wages, tips, etc.		19 Local income tax	20 Locality name		

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.

Dept. of the Treasury - IRS

Form W-2 Wage and Tax Statement		Federal Filing Copy - COPY B To Be Filed With Employee's FEDERAL Tax Return.		2022 OMB No. 1545-0008	
a Control number 2261	1 Wages, tips, other comp. 31572.71	2 Federal income tax withheld 3608.12			
b Employer's EIN 13-3819494	3 Social security wages 1346.15	4 Social security tax withheld 83.46			
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2022 EMPLOYEE EARNINGS STATEMENT

This Earnings Statement provides you with more information pertaining to your W-2 and tax status. Also see the reverse side for IRS instructions.

1. W-4 information reflects data submitted to employer on Form W-4

Soc. Sec. No.: 658-38-8647

Marital Status: Single

Exemptions

Federal: N/A

State: 0

Local: N/A

2. Taxable W-2 Wages

	Wages, Tips Other Comp. Box 1	Soc. Sec. Wages Box 3	Medicare Wages Box 5	State Wages Box 16
Gross Pay	32461.67	32461.67	32461.67	32461.67
Exempt Wages	888.96	31115.52	31115.52	888.96
Reported on W2	31572.71	1346.15	1346.15	31572.71

Form W-2 Wage and Tax Statement		State or Local Copy - COPY 2 To Be Filed With Employee's State, City, or Local Income Tax Return		2022 OMB No. 1545-0008	
a Control number 2261	1 Wages, tips, other comp. 31572.71	2 Federal income tax withheld 3608.12			
b Employer's EIN 13-3819494	3 Social security wages 1346.15	4 Social security tax withheld 83.46			
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c Employer's name, address and ZIP code JOY CONSTRUCTION CORPORATION 40 FULTON STREET NEW YORK NY 10038					
13 Statutory employee	Retirement plan	Third-party sick pay			
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Dept. of the Treasury - IRS

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

Joy Construction Corporation

40 Fulton Street

New York NY 10038

Employee Offer of Coverage

Employee's Age on January 1

Table with columns: Plan Start Month, Offer of Coverage, Employee Required Contribution, Section 4980H Safe Harbor and Other Relief, ZIP Code. Rows for months Jan-Dec.

Employer Provided Health Insurance Offer and Coverage

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

Department of the Treasury - IRS

EMPLOYEE'S name, address, ZIP/postal code & country

Gagan Singh, 21 Paterson St, Apt#1, Jersey City, NJ 07307

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

APPLICABLE LARGE EMPLOYER'S identification number (EIN) 13-3819494, EMPLOYEE'S social security number (SSN) 658-38-8647

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

Table for Covered Individuals with columns (a) Name, (b) SSN, (c) DOB, (d) Covered, (e) Months of coverage (Jan-Dec).

CAA NTF 2585563 2 1095CIPS

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.

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 the Covered Individuals section if they request it for their records.

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), 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).

Employee Reports information about you, the employee. Reports your social security number (SSN). For your protection, this form may show only the last four digits of your SSN.

Applicable Large Employer Reports information about your employer. This includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

Employer Offer of Coverage, Lines 14-17

The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.)

1G. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the All 12 Months box or in the separate monthly boxes for all 12 calendar months on line 14.
1H. No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).
1I. Reserved for future use.
1J. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage NOT offered to your dependent(s).
1K. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s).
1L. Individual coverage health reimbursement arrangement (HRA) offered to you only with affordability determined by using employee's primary residence ZIP code.
1M. Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using employee's primary residence ZIP code.
1N. Individual coverage HRA offered to you, spouse, and dependent(s) with affordability determined by using employee's primary residence ZIP code.
1O. Individual coverage HRA offered to you only using the employee's primary employment site ZIP code affordability safe harbor.
1P. Individual coverage HRA offered to you and dependent(s) (not spouse) using the employee's primary employment site ZIP code affordability safe harbor.
1Q. Individual coverage HRA offered to you, spouse, and dependent(s) using the employee's primary employment site ZIP code affordability safe harbor.
1R. Individual coverage HRA that is NOT affordable offered to you; employee and spouse or dependent(s); or employee, spouse, and dependents.
1S. Individual coverage HRA offered to an individual who was not a full-time employee.
1T. Individual coverage HRA offered to employee and spouse (no dependents) with affordability determined using employee's primary residence ZIP code.
1U. Individual coverage HRA offered to employee and spouse (no dependents) using employee's primary employment site ZIP code affordability safe harbor.
1V. Reserved for future use.
1W. Reserved for future use.
1X. Reserved for future use.
1Y. Reserved for future use.
1Z. Reserved for future use.
Line 15. Reports the employee required contribution, which is the monthly cost to you for the lowest cost self-only minimum essential coverage providing minimum value that your employer offered you.

Covered Individuals, Lines 18-23

Reports the name, SSN (or TIN for covered individuals other than the listed employee), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee's family members) covered under the employer's health plan, if the plan is "self-insured."