W-2 Wage and Tax 5055 For EMPLOYEE'S RECORDS (See Notice to Employee on the bac Employee Earnings Statement.) Statement OMB No. 1545-0008 a Control number 1 Wages, tips, other comp. 2 Federal income tax withheld 2261 31572.71 3608.12 b Employer's EIN 3 Social security wages 4 Social security tax withheld 13-3819494 1346.15 83.46 d Employee's SSN 5 Medicare wages and tips 6 Medicare tax withheld 658-38-8647 1346.15 19.52 c Employer's name, address and ZIP code JOY CONSTRUCTION CORPORATION 40 FULTON STREET **NEW YORK NY 10038** Retirement plan Third-party sick pay 13 Statutory employee e Employee's name, address and ZIP code GAGAN SINGH 21 PATERSON ST APT#1 **JERSEY CITY NJ 07307** 8 Allocated tips 9 7 Social security tips 11 Nonqualified plans 10 Dependent care benefits 12 See instructions for box 12 DD 2073.06 14 Other UI/DB 7.48 Employer's state ID no. 16 State wages, tips, etc. 17 State income tax 15 State 31572.71 133819494 1548.92 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Dept. of the Treasury - IRS

2022

20 Locality name

Dept. of the Treasury - IRS

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Wage an Statem				ax Return.	-	OMB No. 1545-0008								
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NY	13381	19494	31572.71 1548.92											

19 Local income tax

Federal Filing Copy - COPY B

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence oenalty or other sanction may be imposed on you if this noome is taxable and you fail to report it.

W-2

18 Local wages, tips, etc.

This information is being furnished to the Internal

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 To Be F City, o				2 5 1545-							
a Control number	1 Wages,	2 Fe	ederal	inco	me ta	ax with	nheld					
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b Employer's EIN	3 Social s	ecurity wa	ages	4 Sc	ocial security tax withheld							
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18 Local wages, tips, e	tc.	19 Local i	ll income tax 20 l				20 Locality name					

Dept. of the Treasury - IRS

APPLICABLE LARGE EMPLOYER'S na or province, country, ZIP or foreign post Joy Construction Cor 40 Fulton Street	me, street a	d telepho	ity or towr	DRREC n, state	Employee Plan Start Month (enter 2-digit no.): 08 All 12	OMB No. 1545 Offer of Cove 14 Offer of Coverage (enter required code)	15 E		yee ed butio	ree's	Ha an Re co	ctic 80H rbc d O lief de,	Janu on I Saf or other (ente	1 e	095 1 7 ZIF Co)	ı	_	lea rar er a	ded alth ace and		
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identification number (EIN)	number (S	SSN)			Nov	1E	\$	126		2C							1					
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Covered Individuals If Employer prov	ided self-insi	ured cover	rage, check	k the box	and enter the i	nformation fo	each	individ	lual e	enrolle	ed in c	ove	rage.	incl	udina	the	emple	ovee.	Ť	\top		
(a) Name of covered individual((c) DOB (if S	SN or other	(0	i)							of co			,		_		
First name, middle initial, last name (b) SSN or other TIN			er IIN	TIN is not	available)	Cove all 12	mos. Jan Feb		Feb	b Mar Apr May Ju			Jun			Sep	Oct	Nov	Dec			
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Instructions for Recipient

CAA

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, Employee Offer of Coverage section, 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 employerned 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.

NTF 2585563

2 1095CIPS

In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred In addition, if you, any other included a wint is directed feath coverage because or their relationship to you (return 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, Covered Individuals section, 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.

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

nal 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. However, the employer is required to report your complete SSN to the IRS.

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

Line 14. 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.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

1A. Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (as adjusted) of the 48 contiguous states single federal poverty line arminimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer. This code may be used to report for specific months for which a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 9.5%, visit IRS gov. 18. Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT red to your spouse or dependent(s).

10. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.

10. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).

TE. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse. TF. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

1G. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employersponsored 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).

11. Reserved for future use.

1J. Minimum essential coverage providing minimum value offered to you; minimum essential 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 offered to your spouse; and minimum essential coverage offered to your dependent(s).

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.

10. Individual coverage HRA offered to you only using the employee's primary employment site ZIP code affordability safe harbor TR. Individual coverage HRA offered to you and dependent(s) (not spouse) using the employee's primary employment site ZIP code affordability safe harbor.

10. 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.

15. 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.

10. 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.

12. 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. For an individual coverage
HRA, the employee required contribution is the excess of the monthly premium based on the employee's applicable
age for the applicable lowest cost silver plan over the monthly individual coverage HRA amount divided by 12). See the Instructions for Forms 1084-C and 1095-C for more details.
The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroil more expensive coverage such as family coverage. Line 15 will show an amount only if code 18, 1C, 10, 1E, 1J, 1K,
1L, 1M, 1N, 1O, 1P, 1O, 1T, or 1U is entered on line 14. If you were offered coverage but there is no cost to you for the
coverage, this line will report "0.00" for the amount. For more information, including on how your eligibility for other
line 16. Provides the IRS information to administer the employer shared responsibility provisions. Other than a code

healthcare arrangements might affect the amount reported on line 15, visit IRS.gov. Line 16. Provides the IRS information to administer the employer shared responsibility provisions. Other than a code 2C, which reflects your enrollment in your employer's coverage, none of this information affects your eligibility for the premium tax credit. For more information about the employer shared responsibility provisions, visit IRS.gov. Line 17. Reports the applicable ZIP code your employer used for determining affordability if you were offered an individual coverage IRA. If code 1L, 1M, 1N, or 1T was used on line 14, this will be your primary residence location. individual coverage HRAs, visit IRS.gov.

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". A date of birth will be entered in column (c) only if an SSN (or TIN for covered individuals other than the listed employee) is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals were covered for some but not all months, information will be entered in column (e) indicating the morths for which these individuals were covered. If there are more than 6 covered individuals, you will receive one or