



4II 0581 8FF31 00000048
 000023417 J0120935
 CS ENERGY,LLC
 2045 STATE ROUTE 27
 EDISON, NJ 08817



4IIPNA95CP90000003772A412A303

023438 RO9MQM01 4II 0581 8FF31 00000048
 SADASHIVA CHANDRASHEKAR
 1103 EDISON GLEN TERRACE
 EDISON, NJ 08837

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

S 023438 RO9MQM01 023438E

600120

Form **1095-C**
 Department of the Treasury
 Internal Revenue Service

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
2022

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) SADASHIVA CHANDRASHEKAR	2 Social security number (SSN) XXX-XX-8757	7 Name of employer CS ENERGY, LLC	8 Employer identification number (EIN) 82-0895936	3 Street address (including apartment no.) 1103 EDISON GLEN TERRACE	9 Street address (including room or suite no.) 2045 STATE ROUTE 27	10 Contact telephone number 732-520-5135	
4 City or town EDISON	5 State or province NJ	6 Country and ZIP or foreign postal code USA 08837	11 City or town EDISON	12 State or province NJ	13 Country and ZIP or foreign postal code USA 08817		

Part II Employee Offer of Coverage		Employee's Age on January 1						Plan Start Month (enter 2-digit number): 06					
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code) 1E													
15 Employee Required Contribution (see instructions) \$ 0.00													
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 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 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				<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"/>

2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy W-2 Wage and Tax Statement 2022

OMB No. 1545-0008

Copy C for employer's records.
 d Control number Dept. Corp. Employer use only
 020995 NCT3/411 001196 T 54

c Employer's name, address, and ZIP code
**ADP TOTALSOURCE FL XXIX
 INC
 CS ENERGY, LLC
 10200 SUNSET DRIVE
 MIAMI FL 33173**
 Batch #05987

e/f Employee's name, address, and ZIP code
**SADASHIVA CHANDRASHEKAR
 1103 EDISON GLEN TERRACE
 EDISON NJ 08837**

b Employer's FED ID number 65-0172853		a Employee's SSA number XXX-XX-8757	
1 Wages, tips, other comp. 76267.37	2 Federal income tax withheld 9963.95		
3 Social security wages 78630.72	4 Social security tax withheld 4875.10		
5 Medicare wages and tips 78630.72	6 Medicare tax withheld 1140.15		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 D 2363.35		
14 Other 169.15 U/WF/SWF 111.12 FLI	12b W 600.00		
	12c DD 8931.25		
	12d		
15 State Employer's state ID no. NJ 650172853/000	16 State wages, tips, etc. 77009.47		
17 State income tax 1832.18	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NJ. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	78,772.82	78,772.82	78,772.82	78,772.82
Less 401(k) (D-Box 12)	2,363.35	N/A	N/A	2,363.35
Less Other Cafe 125	142.10	142.10	142.10	N/A
Plus ER PAID HSA (W-Box 12)	N/A	N/A	N/A	600.00
Reported W-2 Wages	76,267.37	78,630.72	78,630.72	77,009.47

2. Employee Name and Address.

**SADASHIVA CHANDRASHEKAR
 1103 EDISON GLEN TERRACE
 EDISON NJ 08837**

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Fold and Detach Here

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Federal Filing Copy W-2 Wage and Tax Statement 2022

OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

NJ.State Reference Copy W-2 Wage and Tax Statement 2022

OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

NJ.State Filing Copy W-2 Wage and Tax Statement 2022

OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.