

Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095B for instructions and the latest information.

VOID
 CORRECTED

OMB No. 1545-2252
2022

56011B

Part I Responsible Individual

1 Name of responsible individual: First name, middle name, last name

SAYONI JAIN

4 Street address (including apartment no.)

29 HOPEDALE STREET

5 City or town

BOSTON

2 Social security number (SSN) or other TIN

XXX-XX-4133

6 State or province

MA

3 Date of birth (if SSN or other TIN is not available)

7 Country and ZIP or foreign postal code

US 02134

8 Enter letter identifying origin of the health coverage (see instructions for codes): **B**

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name

CRISPR THERAPEUTICS, INC

12 Street address (including room or suite no.)

105 W 1ST STREET

13 City or town

SOUTH BOSTON

14 State or province

MA

11 Employer identification number (EIN)

XX-XXX3478

15 Country and ZIP or foreign postal code

US 02127

Part III Issuer or Other Coverage Provider (see instructions)

16 Name BLUE CROSS AND BLUE SHIELD OF MASS

HMO BLUE INC.

19 Street address (including room or suite no.)

101 HUNTINGTON AVENUE, SUITE 1300

20 City or town

BOSTON

17 Employer identification number (EIN)

04-3362283

21 State or province

MA

18 Contact telephone number

888-407-5719

22 Country and ZIP or foreign postal code

US 02199-7611

Part IV Covered Individuals (Enter the information for each covered individual.)

	(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
23	SAYONI JAIN	XXX-XX-4133		<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24				<input type="checkbox"/>												
25				<input type="checkbox"/>												
26				<input type="checkbox"/>												
27				<input type="checkbox"/>												
28				<input type="checkbox"/>												

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

Cat. No. 60704B

Form **1095-B** (2022)



Commonwealth of Massachusetts
Department of Revenue
Geoffrey E. Snyder, Commissioner

mass.gov/dor

Letter ID: L0759024160
Notice Date: January 3, 2023
Account ID: PIT-20326312-002



NOTICE OF IMPORTANT TAX INFORMATION - 1099-G

Instructions for Recipient

Box 1: Shows the refund recipient's identification or Social Security number. If a joint return was filed, the first number listed on the return appears in this box.

Box 2: Shows refunds, credits or offsets of state income tax you received. It may be taxable to you if you deducted the state tax paid as an itemized deduction on your federal income tax return. Even if you did not receive the amount shown, for example, because it was credited to your state estimated tax, it is still taxable if it was deducted. If you received interest on this, report it as interest income on your tax return. See the instructions for Form 1040 or 1040A for more information. The amount in Box 2 is **not reportable** on your **2022** Massachusetts income tax return.

Box 3: Identifies the tax year for which the refund, credit or offset shown in Box 2 was made.

THIS IS NOT A BILL OR NOTICE OF REFUND. THE AMOUNT IN BOX 2 MAY BE TAXABLE INCOME ON YOUR FEDERAL TAX RETURN. (SEE INSTRUCTIONS ABOVE)

For more information visit the IRS website at www.irs.gov or call 1-800-829-1040.

PAYER:
Massachusetts Department of Revenue
PO Box 7010
Boston, MA 02204
Telephone: (617) 887-6367
Federal ID 046-002-284-W

OMB No. 1545-0120

2022
Form 1099-G

**Certain
Government
Payments**

COPY-B - FOR RECIPIENT
This is important tax information and is being furnished to the Internal Revenue Service. 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.

RECIPIENT'S name, address and ZIP code:

**SAYONI D JAIN
29 HOPEDALE ST
ALLSTON MA 02134-1212**

CORRECTED (if checked)

THIS IS AN INFORMATION-ONLY STATEMENT. THIS IS NOT A BILL OR NOTICE OF REFUND.

1 RECIPIENT'S identification number: XXX-XX-4133	2 State or local income tax refunds, credits, or offsets: \$606.00	3 Box 2 amount is for tax year: 2021
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Form 1099-G

Keep for your records.

Department of the Treasury - Internal Revenue Service

2022 W-2 and EARNINGS SUMMARY

Employee Reference Copy W-2 Wage and Tax Statement 2022

OMB No. 1545-0048

Copy C for employer's records.

d Control number 001662 ATLA/OA3	Dept. 000126	Corp. A	Employer use only 187
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c Employer's name, address, and ZIP code
CRISPR THERAPEUTICS INC
 105 W FIRST ST
 BOSTON MA 02127

Batch #05201

e/f Employee's name, address, and ZIP code
SAYONI JAIN
 29 HOPEDALE STREET
 BOSTON MA 02134

b Employer's FED ID number 47-3173478	e Employee's SSA number XXX-XX-4133
1 Wages, tips, other comp. 65198.06	2 Federal income tax withheld 8305.98
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 50.00
14 Other	12b DD 6106.23
	12c
	12d
	13 Stat emp./Ret. plan/3rd party sick pay
15 State MA	Employer's state ID no. WTH10432018-002
16 State wages, tips, etc. 65198.06	
17 State income tax 3257.43	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	MA. State Wages, Tips, Etc. Box 15 of W-2
Gross Pay	66,055.26	66,055.26	66,055.26	66,055.26
Plus GTL (C-Box 12)	50.00	50.00	50.00	50.00
Less Other Cafe 125	907.20	907.20	907.20	907.20
Less Exempt Wages	N/A	65,198.06	65,198.06	N/A
Reported W-2 Wages	65,198.06	0.00	0.00	65,198.06

2. Employee Name and Address.

SAYONI JAIN
 29 HOPEDALE STREET
 BOSTON MA 02134

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3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
d Control number 001662 ATLA/OA3	Dept. 000126
Corp. A	Employer use only 187
c Employer's name, address, and ZIP code CRISPR THERAPEUTICS INC 105 W FIRST ST BOSTON MA 02127	
b Employer's FED ID number 47-3173478	a Employee's SSA number XXX-XX-4133
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 50.00
14 Other	12b DD 6106.23
	12c
	12d
	13 Stat emp./Ret. plan/3rd party sick pay
e/f Employee's name, address and ZIP code SAYONI JAIN 29 HOPEDALE STREET BOSTON MA 02134	
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17 State income tax 3257.43	18 Local wages, tips, etc.
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Federal Filing Copy W-2 Wage and Tax Statement 2022

Copy B to be filed with employer's Federal Income Tax Return. OMB No. 1545-0048

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

Copy 2 to be filed with employer's State Income Tax Return. OMB No. 1545-0048

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

Copy 2 to be filed with employer's State Income Tax Return. OMB No. 1545-0048

2022 Form MA 1099-HC Individual Mandate — Massachusetts Health Care Coverage

1 Name of insurance company or administrator Blue Cross Blue Shield of Massachusetts		2 FID number of insurance co. or administrator 04-1045815			
3 Name of subscriber SAYONI JAIN		4 Date of birth 01-20-1999	5 Subscriber number 9674867510000		
6 Street address 29 HOPEDALE STREET		7 City/Town BOSTON		8 State MA	9 Zip 02134

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

a. Name of dependent _____ Date of birth _____ Subscriber number _____

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

b. Name of dependent _____ Date of birth _____ Subscriber number _____

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

c. Name of dependent _____ Date of birth _____ Subscriber number _____

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

d. Name of dependent _____ Date of birth _____ Subscriber number _____

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

e. Name of dependent _____ Date of birth _____ Subscriber number _____

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

f. Name of dependent _____ Date of birth _____ Subscriber number _____

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

g. Name of dependent _____ Date of birth _____ Subscriber number _____

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

h. Name of dependent _____ Date of birth _____ Subscriber number _____

Full-year minimum creditable coverage? If No, check months with minimum creditable coverage: Corrected:

Yes No Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

101 Huntington Avenue, Suite 1300 | Boston, MA 02199-7611

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association