

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.

OMB No. 1545-2251

2022

B00J20

Part I Employee

1 Name of employee (first name, middle initial, last name) **NAVDEEP SINGH** 2 Social security number (SSN) ******-**-8800** 7 Name of employer **STATE STREET BANK & TRUST CO** 8 Employer identification number (EIN) **04-1867445**

3 Street address (including apartment no.) **15 BOWER RD APT C1** 6 Country and ZIP or foreign postal code **MA 02169-8134** 9 Street address (including room or suite no.) **ONE LINCOLN STREET BOSTON** 10 Contact telephone number **(855) 447-7007**

4 City or town **QUINCY** 5 State or province **MA** 11 City or town **BOSTON** 12 State or province **MA** 13 Country and ZIP or foreign postal code **02111**

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)	Employee's Age on January 1												15 Employee Required Contribution (see instructions)	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	17 ZIP Code		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov				Dec	
1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	\$ 103.00	2C	2C
1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	\$ 103.00	2C	2C

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.

18	19	20	21	22	23	15 Months of coverage												
						Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
Navdeep	Singh	****-**-8800				<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FNU	SANJANA	****-**-8818				<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SAMAYRA	KAUR	****-**-8455				<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RUHAAN	SINGH	****-**-6281				<input type="checkbox"/>	<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"/>
RUHAAN	SINGH		2021-11-12			<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



**Form MA 1099-HC
Individual Mandate
Massachusetts Health Care Coverage**

2022

Massachusetts
Department of
Revenue

1 Name of insurance company or administrator

2 FID number of insurance co. or administrator

State Street Corporation

042456637

3 Name of subscriber

4 Date of birth

5 Subscriber number

NAVDEEP SINGH

04/30/1984

00000000625092801

6 Street address

7 City/Town

8 State

9 Zip

15 BOWER RD APT C1

QUINCY

MA

02169

Full Year Coverage?
 Yes No

If No, check months covered:

Jan. Feb. Mar. Apr. May. Jun. Jul. Aug. Sep. Oct. Nov. Dec.

Corrected:

a Name of dependent

Date of birth

Subscriber number

FNU SANJANA

08/11/1986

00000000625092802

Full Year Coverage?
 Yes No

If No, check months covered:

Jan. Feb. Mar. Apr. May. Jun. Jul. Aug. Sep. Oct. Nov. Dec.

Corrected:

b Name of dependent

Date of birth

Subscriber number

SAMAYRA KAUR

02/07/2016

00000000625092803

Full Year Coverage?
 Yes No

If No, check months covered:

Jan. Feb. Mar. Apr. May. Jun. Jul. Aug. Sep. Oct. Nov. Dec.

Corrected:

c Name of dependent

Date of birth

Subscriber number

RUHAAN SINGH

11/12/2021

00000000625092804

Full Year Coverage?
 Yes No

If No, check months covered:

Jan. Feb. Mar. Apr. May. Jun. Jul. Aug. Sep. Oct. Nov. Dec.

Corrected:

Copy B-To Be Filed With Employee's FEDERAL Tax Return.		Tax Year 2022 OMB No. 1545-0008	
a. Employee's social security number XXX-XX-8800	1 Wages, tips, other comp. 6,970.00	2 Federal income tax withheld	
b. Employer ID number 87-2909830	3 Social security wages	4 Social security tax withheld	
d. Control number 23403	5 Medicare wages and tips	6 Medicare tax withheld	
7 Social security tips	8 Allocated tips	9	
c. Employer's name, address, and ZIP code PRUDENTIAL TAX SERVICES LLC GROUP INSURANCE - PREMIUM ACCOUNTING P.O. BOX 70190 PHILADELPHIA, PA 19176		866-648-2225	
e. Employee's name, address, and ZIP code NAVDEEP SINGH 15 BOWER RD APT C1 QUINCY, MA 02169			
10 Dependent care benefits	11 Nonqualified plans	See instructions for box 12	
13 Statutory Employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other	12a	12b
		12c	12d
		12e	12f
15 State/Employer's state ID MA WTH-20468177-003	16 State wages, tips, etc. 6,970.00	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
This information is being furnished to the Internal Revenue Service.

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.			Tax Year 2022 OMB No. 1545-0008	
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		12d		
		12e		
		12f		
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18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

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Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
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2H0001 1.000

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Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008
d Control Number

1 Wages, tips, other compensation	2 Federal income tax withheld
105129.72	8279.88
b Employer identification number (EIN)	3 Social security wages
04-1867445	106267.11
a Employee's social security number	4 Social security tax withheld
XXX-XX-8800	6588.56
c Employer's name, address and ZIP code	5 Medicare wages and tips
SSB&T 1 LINCOLN STREET BOSTON MA 02110	6 Medicare tax withheld
	1540.87

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a
		C 186.57
12b	12c	12d
D 1137.38	W 7200.00	DD 20489.28
13 Statutory employee	Retirement plan	Third-party sick pay
	X	
e Employee's name, address and ZIP code		
NAVDEEP SINGH 15 BOWER RD APT C1 QUINCY MA 02169		

2022 Form W-2

15 State Employer's state I.D. no.	16 State wages, tips, etc.
MA WTH-10025071-005	105129.72
Wage and Tax Statement	
Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)	
17 State income tax	18 Local wages, tips, etc.
4865.68	
19 Local income tax	20 Locality name

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Department of the Treasury - Internal Revenue Service

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