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

Form 1095-C (2022)

Department of the Treasury Internal Revenue Service	easury		Go to ww	o not atta	Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.	turn. Keep	for your rand the la	ecords.	ormation				nahar.	(Employer)	over	2022	22
Part I Emp	Employee	がある。					Section Property	App	Applicable Large Employer Member	Large	Emp	yer M	ember	1	moloyer	8 Employer identification number (Ell	odmun n
H ≚ F	e (first name, m	iddle initial, last	name)	2 Soci	2 Social security number (SSN) *****_**_8800	(SSN)	7 Name of employer STATE STREE	STRE	7 Name of employer STATE STREET BANK & TRUST CO	NK & J	RUST	8			2	04-1867445	45
3 Street address (including apartment no.)	cluding apartme	ant no.)					9 Street address (including	ddress (ii	ncluding ro	room or suite no.)	te no.)			70,	(85)	(855) 447-7007	7007
15 BOWER RD APT C1	D APT C1						ONEL	NCOL	ONE LINCOLN STREET	1 11	70.00	wince		130	untry and	13 Country and ZIP or foreign postal code	gn postal c
4 City or town	5	State or provi	6	6 Count	6 Country and ZIP or foreign postal code		11 City or town	Z OWN		12 0	12 State of province	MA			Act of	02111	
QUINCY			MA		02169-8134	S 25 C 2	BOSTON	Ì		Pla	n Star	Mont) (enter	2-digit	Plan Start Month (enter 2-digit number): 01	: 01	
Sara III Emp	Employee Offer of Coverage	of Covera	ige		Employee's Age on January 1	Age on J	anuary			-		Sen	-	OCT		Nov	Dec
A	All 12 Months	Jan	Feb	Mar	Apr	May	June	-	July		i g	1 000	-	ñ		ñ	16
14 Offer of Coverage (enter required code)		1E	1E	ñ	ñ	Æ	ı		m		ħ	1		ī		Ī	li
15 Employee Required Contribution (see		s 103.00 s	\$ 103.00 \$	103.00 \$	\$ 103.00 \$	103.00 \$	\$ 103.00	6 8	103.00	00 \$ 10	103.00 \$		103.00 \$	103.00 S	NEW STATE	103.00 \$	
980H and (enter (cable)		2C	2C	2C	2C	20	20	1	2C	N	20	20	1	20	N	20	20
17 ZIP Code	1 1							-		Ī						⊴	
Part III Cove	Covered Individuals	uais ed self-insur	ed coverage,	check the	Covered Individuals is Employer provided self-insured coverage, check the box and enter the information for each individual	he Informat	ion for e	ach Ind		nrolled	in cove	rage, In	overage, including	נופיםו	enrolled in coverage, including the employees		
(a) Name o	(a) Name of covered individual(s)	dual(s) t name	(b) SSN or other TIN	ther TIN (c	(c) DOB (if SSN or other (d) Covered TIN is not available) all 12 months	all 12 months	Jan	Feb	Mar	Ą	May	June	ynr	Buy	Sept	-	
Navdeep	Singh	ìgh	****_**-8800	3800			×	×	×	×	×	×	×	\boxtimes	×	×	×
FNU	SA	SANJANA	****_**-8818	818			×	×	×	×	×	×	×	×	×	×	×
SAMAYRA	KAUR	둤	****_**-8455	455			×	×	×	×	×	\times	\boxtimes	×	X	X	×
RUHAAN	SINGH	GH	****_**-6281	281					\boxtimes	\times	×	\times	×	×	×	X	X
RUHAAN	SINGH	SH		N	2021-11-12	, 🗆	\boxtimes	\boxtimes	\times								П
1)								de Ele									



Form MA 1099-HC Individual Mandate Massachusetts Health Care Covera

Revenue	alth Care Coverage
Department of	Mandate
Massachusetts	1099-HC

1 Name of insurance company or administrator	ipany or administrator		2 FID number of insutance co. or administrator
State Street Corporation			042456637
3 Name of subscriber		4 Date of birth	s Subscriber number 10 198 QP REWORLD
NAVDEEP SINGH		04/30/1984	00000000625092801
6 Street address		7 City/Town	8 State 9 Zip
15 BOWER RD APT C1		QUINCY	02169
Full Year Coverage? Yes No	If No, check months covered: □ Jan. □ Feb. □ Mar. □ Apr.	pr. □ May. □ Jun.	Gorrected: □ Jul. □ Aug. □ Sep. □ Oct. □ Nov. □ Dec. □
a Name of dependent	Date of birth	Subscriber number	- RS IMPORTANT TAX IMPORMATION -
FNU SANJANA	08/11/1986	00000000625092802	2 SHIGH EGOSSET Induction
Full Year Coverage?	If No, check months covered:	All properties and the second	Corrected:
⊠ Yes □ No	□ Jan. □ Feb. □ Mar. □ Apr.	pr. May. Jun.	□ Jul. □ Aug. □ Sep. □ Oct. □ Nov. □ Dec. □
b Name of dependent	Date of birth	Subscriber number	
SAMAYRA KAUR	02/07/2016	00000000625092803	
Full Year Coverage? 123 Yes	If No, check months covered: Jan. 2 Feb. Mar. Apr.	pr. 🛘 May. 🗖 Jun.	Corrected:
_c Name of dependent RUHAAN SINGH	Date of birth 11/12/2021	Subscriber number 00000000625092804	objetodbil to James of the For field of you
Full Year Coverage? Markey No	If No, check months covered: Jan. Feb. Mar. Apr.	□ May. □ Jun.	□ Jul. □ Aug. □ Sep. □ Oct. □ Nov. □ Dec. □

Nages, tips, other comp.	OMB No. 1545-0008 2 Federal income tax withheld	or Local Income Ta	1 Wages, tips, other comp.	2 Federal incom	
	- 1.00	XXX-XX-8800	6,970.00		
6,970.00 Social security wages	4 Social security tax withheld	b. Employer ID number	3 Social security wages	4 Social security	tax withheld
Medicare wages and tips	6 Medicare tax withheld	d. Control number	5 Medicare wages and tips	6 Medicare tax v	vithheld
Allocated tips	9	7 Social security tips	8 Allocated tips	9	
EMIUM ACCOUNTING	866-648-2225	GROUP INSURANCE - P.O. BOX 70190 PHILADELPHIA, PA 1	PREMIUM ACCOUNTING 9176		866-648-222:
Nonqualified plans	See instructions for box 12	10 Dependent care benefits	11 Nonqualified plans	12a	
4 Other	12b	13 Statutory Employee Retirement plan	14 Other	12b 12c	
	12d 12e	Third-party sick pay		12d 12e	
	12f 17 State income tax	15 State/Employer's state ID	16 State wages, tips, etc.	17 State income tax	
	20 Locality name	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
	Medicare wages and tips Allocated tips code (CES LLC EMIUM ACCOUNTING 6 code I Nonqualified plans 4 Other 6 State wages, tips, etc. 6,970.00	Medicare wages and tips 6 Medicare tax withheld Allocated tips 9 CODE ICES LLC EMIUM ACCOUNTING 6 code I Nonqualified plans See instructions for box 12 12a 12b 12c 12d 12e 12d 12e 12f 5 State wages, tips, etc. 6,970.00	Medicare wages and tips Allocated tips Social security tips Employer's name, address, and PRUDENTIAL TAX SE GROUP INSURANCE - P.O. BOX 70190 PHILADELPHIA, PA I semployee's name, address, and NAVDEEP SINGH IS BOWER RD APT C1 QUINCY, MA 02169 I Nonqualified plans See instructions for box 12 12a 12b 12c 12d 12d 12d 12c 12d	Medicare wages and tips 6 Medicare tax withheld Allocated tips 5 Medicare wages and tips 23403 7 Social security tips 8 Allocated tips c. Employer's name, address, and ZIP code PRUDENTIAL TAX SERVICES LLC GROUP INSURANCE - PREMIUM ACCOUNTING P.O. BOX 70190 PHILADELPHIA, PA 19176 e. Employer's name, address, and ZIP code NAVDEEP SINGH 15 BOWER RD APT C1 QUINCY, MA 02169 1 Nonqualified plans See instructions for box 12 12a 12b 12c 12d 12c 12d 12c 12d 12e 12f 5 State wages, tips, etc. 17 State income tax 6 970.00 6 970.00	### Redicare wages and tips 6 Medicare tax withheld 87-2909830 d. Control number 5 Medicare wages and tips 6 Medicare tax withheld 37 Social security tips 8 Allocated tips 9 6 Medicare tax withheld 7 Social security tips 8 Allocated tips 9 7 Social security tips 8 Allocated tips 9 7 Social security tips 8 Allocated tips 9 7 Social security tips 9 Social security tips 9 7 So

Copy C-For EMPLOY to Employee on back	Lico	Tax Year 2022 OMB No. 1545-0008	
Employee's social security number XXX-XX-8800	1 Wages, tips, other comp.	2 Federal	income tax withheld
87-2909830	3 Social security wages	4 Social s	security tax withheld
d Control number	5 Medicare wages and tips	6 Medica	re tax withheld
7 Social security tips	8 Allocated tips	9	
P.O. BOX 70190	PREMIUM ACCOUNTING		
PHILADELPHIA, PA 1 a. Employee's name, address, an			
PHILADELPHIA, PA 1 a. Employee's name, address, an NAVDEEP SINGH 15 BOWER RD APT C1 QUINCY, MA 02169	d ZIP code	6	
PHILADELPHIA, PA 1 e. Employee's name, address, an NAVDEEP SINGH 15 BOWER RD APT C1		See instru	ctions for box 12
PHILADELPHIA, PA I a. Employed's name, address, an NAVDEEP SINGH 15 BOWER RD APT C1 QUINCY, MA 02169 10 Dependent care benefits	d ZIP code	- C. S. C.	ctions for box 12
PHILADELPHIA, PA a. Employee's name, address, an NAVDEEP SINGH 15 BOWER RD APT C1 QUINCY, MA 02169 10 Dependent care benefits	d ZIP code	128	ctions for box 12
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PHILADELPHIA, PA a. Employed's name, address, an NAVDEEP SINGH 15 BOWER RD APT C1 QUINCY, MA 02169 10 Dependent care benefits 13 Statutory Employee Retirement plan	d ZIP code	12a 12b 12c 12d 12d	ncome tax

Form VV-2 VVage and Tax Statemen	t Department of the Treasury - Internal nevenue Service
This information is being furnished to the	e Internal Revenue Service. If you are required to file a
	sanction may be imposed on you if this income is
axable and you fail to report it.	

or Local Income Tax			OMB No. 1545-0008
a. Employee's social security number XXX-XX-8800	1 Wages, tips, other comp. 6,970.00	2 rederal	income tax withheid
b. Employer ID number 87-2909830	3 Social security wages	4 Social se	scurity tax withheld
d. Control number 23403	5 Medicare wages and tips	6 Medicar	e tax withheld
7 Social security tips	8 Allocated tips	9	and the second second
PRUDENTIAL TAX SE GROUP INSURANCE - P.O. BOX 70190 PHILADELPHIA, PA 1 6. Employee's name, address, an	PREMIUM ACCOUNTING 9176		866-648-2225
NAVDEEP SINGH			
15 BOWER RD APT C1 QUINCY, MA 02169	11 Nonqualified plans	1	
15 BOWER RD APT C1 QUINCY, MA 02169		12a	
15 BOWER RD APT C1 QUINCY, MA 02169	11 Nonqualified plans	12b	
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15 BOWER RD APT C1 QUINCY, MA 02169 10 Dependent care benefits 13 Statutory Employee Retirement plan	14 Other 16 State wages, tips, etc.	12b 12c 12d 12d	



OMB No. 1645-000e					
	ges, tips, other compensation 2 For 105129 , 72	ederal income tax withheld 8279.88	d Control Number	Wages, tips, other compensation 105129.72	Federal income tax withheld 8279.88
04-1867445	106267.11	ocial security tax withheld 6588.56	b Employer identification number	(EIN) 3 Social security wages 106267.11	4 Social security tax withheld 6588.56
a Employee's social security number 5 Me XXX - XX - 8800		edicare tax withheld	04-1867445 a Employee's social security num	ber 5 Medicare wages and tips	8 Medicare tax withheld
c Employer's name, address and ZIP code SSB&T	100207.11	1540.87	C Employer's name, address and	106267.11	1540.87
1 LINCOLN STREET BOSTON MA 02110			SSB&T 1 LINCOLN STREE BOSTON MA 02110	T	
7 Social security tips 8 All	ocated tips 9		7 Social security tips	8 Allocated tips	The second secon
10 Dependent care benefits 11 N	onqualified plans 12a	186.57	10 Dependent care benefits	11 Nonqualified plans	2a
12b 8 D 1137.38 8 W	. 12d	See instructions for box 12	12b	19 10	C 186.57 2d See instructions for box 12
13 Statutory Retirement Third-party sick pay X Employee's name, address and ZIP code	0-	20103.20	13 Statutory employee Retirement This skill	rd-party 14 Other	DD 20489.28
NAVDEEP SINGH 15 BOWER RD APT C1 QUINCY MA 02169			• Employee's name, address and NAVDEEP SINGH 15 BOWER RD APT QUINCY MA 02169		
	025071-005	105129.72	'	Employer's state I.D. no. WTH-10025071-005	16 State wages, tips, etc. 105129.72
Wage and Tax Statement Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)	4865.68	l wages, tips, etc.	Wage and Tax Statement Copy B - To Be Filed With Employee's FEDERAL Ta: Return.	1065 60	cal wages, tips, etc.
This information is being furnished to the Internal Revenue Service If you are required to file a lax return, a negligence penelty or other sendion may be imposed on you if this income is taxable and you fell to report it	cel income tax 20 Loca	lity name	This information is being turnished to internal Revenue Service	the 19 Local income tax 20 Loc	ality name
Department of the Treasury – Internal Revenue Service		And the second	Department of the Treasury – Internal Revenue Service		
OMB No. 1545-0008 d Control Number 1 W	ages, tips, other compensation 2	Federal income tax withheld	OMB No. 1546-0008 d Control Number	1 Wages, tips, other compensation 2	Federal income tax withheld
b Employer identification number (EIN) 3 S	105129.72	8279.88 Social security tax withheld	b Employer identification numbe	105129.72	8279.88 Social security tax withheld
04-1867445 a Employee's social security number 5 M	106267.11 edicare wages and tips 6	6588.56	04-1867445	106267.11	6588.56
XXX - XX - 8800 c Employer's name, address and ZIP code	106267.11	1540.87	XXX-XX-8800 c Employer's name, address and	106267.11	1540.87
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			10 Dependent care benefits	11 Nonqualified plans 1:	
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13 Statutory employee Retirement Third-party sick pay	Other		employee plan	hird-perty 14 Other sick pery	
Employee's name, address and ZIP code NAVDEEP SINGH 15 BOWER RD APT C1 QUINCY MA 02169			• Employee's name, address at NAVDEEP SINGH 15 BOWER RD AP QUINCY MA 0216	r c1	
2022 MA WTH-10	ate I.D. no. 1 025071 - 005	6 State wages, tips, etc. 105129.72	2022 16 SM MA	WTH-10025071-005	6 State wages, tips, etc. 105129.72
Wage and Tax Statement Copy 2 - To Be Filed With Employee's State, City, or	ate income tax 18 Loc 4865.68	al wages, tips, etc.	Wage and Tax Statemen Copy 2 - To Be Filed Wit Employee's State City.	4865.68 h	cal wages, tips, etc.
Local Income Tax Return.	ocal income tax 20 Los	ality name	Local Income Tax Return	n.	cality name
Department of the Treasury – Internal Revenue Service			Department of the Treasury - Internal Revenue Service		
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