

2023 W-2 and EARNINGS SUMMARY

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	242,204.07	SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2	9,932.40
FED. INCOME TAX WITHHELD BOX 02 OF W-2	45,513.26	MEDICARE TAX WITHHELD BOX 06 OF W-2	3,811.66
STATE INCOME TAX BOX 17 OF W-2	16,495.25	SUI/SDI BOX 14 OF W-2	0.00
LOCAL INCOME TAX BOX 19 OF W-2	0.00		

To change your employee W-4 profile information
file a new W-4 with your payroll department

Social Security Number: XXX-XX-2555

MOHAMMED Q MISBAH
6118 RIVERSIDE STATION BOULEVA
SECAUCUS, NJ 07094



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Employee Reference Copy W-2 Wage and Tax Statement 2023 <small>Copy C for employee's records. OMB No. 1545-0008</small>			
d Control number 0000106712 WKT	Dept. N160	Corp. E S	Employer use only 9226
c Employer's name, address, and ZIP code BLOOMBERG L P 731 LEXINGTON AVENUE NEW YORK, NY 10022			
e/f Employee's name, address, and ZIP code MOHAMMED Q MISBAH 6118 RIVERSIDE STATION BOULEVA SECAUCUS, NJ 07094			
b Employer's FED ID number 13-3417984	a Employee's SSA number XXX-XX-2555		
1 Wages, tips, other comp. 234080.76	2 Federal income tax withheld 45513.26		
3 Social security wages 160200.00	4 Social security tax withheld 9932.40		
5 Medicare wages and tips 238794.07	6 Medicare tax withheld 3811.66		
7 Social security tips	8 Allocated tips		
9			
10 Dependent care benefits			
11 Nonqualified plans	12a See instructions for box 12 C 144.00		
14 Other 399.43 NY PFL	12b D 4713.31		
	12c DD 9951.60		
	12d		
	13 Stat emp. Ret. plan 3rd party sick pay <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
15 State Employer's state ID no. TOTAL STATE	16 State wages, tips, etc.		
17 State income tax 16495.25	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

1 Wages, tips, other comp. 234080.76	2 Federal income tax withheld 45513.26	3 Social security wages 160200.00	4 Social security tax withheld 9932.40
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15 State Employer's state ID no. NJ 133-417-984-000	16 State wages, tips, etc. 237490.76		
17 State income tax 17.72	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		

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Federal Filing Copy W-2 Wage and Tax Statement 2023 <small>Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008</small>	
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NJ. State Filing Copy W-2 Wage and Tax Statement 2023 <small>Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008</small>	
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MOHAMMED Q MISBAH
6118 RIVERSIDE STATION BOULEVA
SECAUCUS, NJ 07094

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NY, State Reference Copy W-2 Wage and Tax Statement 2023 <small>Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0048</small>			
d Control number 0000106712 WKT	Dept. N160	Corp. E S	Employer use only 9227
c Employer's name, address, and ZIP code BLOOMBERG L P 731 LEXINGTON AVENUE NEW YORK, NY 10022			
e/f Employee's name, address, and ZIP code MOHAMMED Q MISBAH 6118 RIVERSIDE STATION BOULEVA SECAUCUS, NJ 07094			
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13 Stat emp Ret plan 3rd party sick pay <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
15 State Employer's state ID no. NY 133417984 1	16 State wages, tips, etc. 234080.76		
17 State income tax 16477.53	18 Local wages, tips, etc.		
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BLOOMBERG L P
731 LEXINGTON AVENUE
NEW YORK, NY 10022



WKT PNA95CPB0000049142A412B325

044462 R09MWZ01 WKT 0191 BABE1 000008686
MOHAMMED Q MISBAH
6118 RIVERSIDE STATION BOULEVARD
SECAUCUS, NJ 07094

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

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

2023

Part I Employee				Applicable Large Employer Member (Employer)									
1 Name of employee (first name, middle initial, last name) MOHAMMED Q MISBAH		2 Social security number (SSN) XXX-XX-2555		7 Name of employer BLOOMBERG L P		8 Employer identification number (EIN) 13-3417984							
3 Street address (including apartment no.) 6118 RIVERSIDE STATION BOULEVARD				9 Street address (including room or suite no.) 731 LEXINGTON AVENUE		10 Contact telephone number 212-617-0564							
4 City or town SECAUCUS		5 State or province NJ		6 Country and ZIP or foreign postal code USA 07094		11 City or town NEW YORK							
				12 State or province NY		13 Country and ZIP or foreign postal code USA 10022							
Part II Employee Offer of Coverage				Employee's Age on January 1				Plan Start Month (enter 2-digit number): 01					
	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) \$ 66.675													
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 checked="" 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 MOHAMMED Q MISBAH	XXX-XX-2555		<input checked="" 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>

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