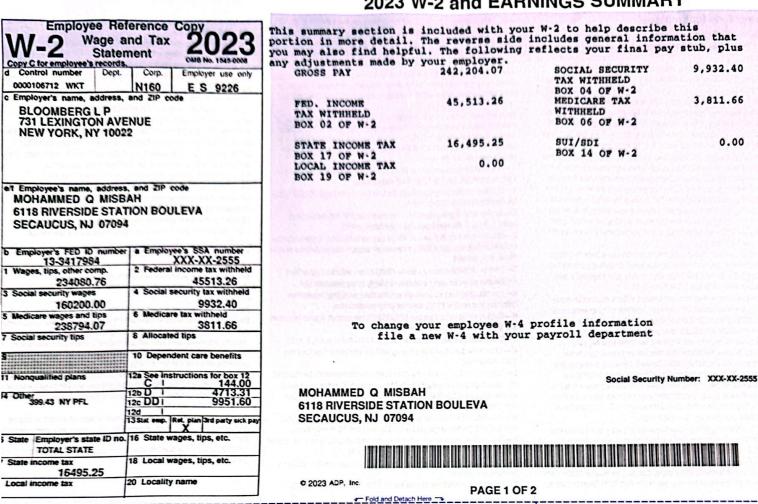
## 2023 W-2 and EARNINGS SUMMARY



1 Wages, tips, other comp.

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1 Wages, tips, other c 23408		2 Federal income tax wit 45513.2		
3 Social security wag		4 Social	security tax with	
5 Medicare wages and	d tips	6 Medica	9932.4 are tax withheld	
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b Employer's FED ID 13-341798		a Employ	ee's SSA numbe XXX-XX-2555	
7 Social security tips		8 Allocate		
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11 Nonqualified plans	100	12a C	144.	
14 Other 399.43 NY PFL	_	12b D	4713.	
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e/f Employee's name,			Ret plan 3rd party sid	
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	100	10 Local w	ages, tips, etc.	
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17 State income tax	7.72	20 Locality	name	

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2 Federal income tax withheld

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Vages, tips, other comp

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2 Federal income tax withhel

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## 2023 W-2 and EARNINGS SUMMARY

VV-Z State	and Tax	2023	This summary section is portion in more detail, you may also find helpfor any adjustments made by	The reverse side	includes deperal infor	y stub, plus
d Control number Dept.	Corp. N160	Employer use only E S 9227	GROSS PAY	242,204.07	SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2	9,932.40
c Employer's name, address. BLOOMBERG L P			FED. INCOME TAX WITHHELD	45,513.26	MEDICARE TAX WITHHELD	3,811.66
731 LEXINGTON AV			BOX 02 OF W-2		BOX 06 OF W-2	
			STATE INCOME TAX BOX 17 OF W-2 LOCAL INCOME TAX BOX 19 OF W-2	16,495.25 0.00	SUI/SDI BOX 14 OF W-2	0.00
ef Employee's name, address MOHAMMED Q MISI 6118 RIVERSIDE STA SECAUCUS, NJ 0709	TION BO					
b Employer's FED ID numb		yee's SSA number XXX-XX-2555				
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3 Social security wages	4 Social	security tax withheld				
160200.00 5 Medicare wages and tips	6 Medica	9932.40 are tax withheld				
238794.07	The second	3811.66	To change	your employee W-4	profile information	
7 Social security tips	8 Allocat	led tips	file a	new W-4 with your	payroll department	
	10 Deper	ndent care benefits				
11 Nonqualified plans	12a See In	structions for box 12 144.00			Social Security	Number: XXX-XX-2555
14 Other 399.43 NY PFL	12b D	4713.31 9951.60	MOHAMMED Q MISBA	NH .		
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			Fold and Detail	Here 3	-1	
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b Employer's FED ID number 13-3417984		yee's SSA number XXX-XX-2555				
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	12d	A CONTRACTOR OF				
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BLOOMBERG L P 731 LEXINGTON AVENUE NEW YORK, NY 10022

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



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RO9MWZ01 WKT 0191 BABE1 000006686 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 ☐ VOID "\_1095-C **Employer-Provided Health Insurance Offer and Coverage** OMB No. 1545-2251 CORPECTED Do not attach to your tax return. Keep for your records. 2023 Department of the Treasury Internal Revenue Senice Go to www.irs.gov/Form1095C for instructions and the latest information Applicable Large Employer Member (Employer) Part I Employee 2 Social security number (SSN) XXX-XX-2555 BLOOMBERG L P MOHAMMED Q MISBAH 13-3417984 3 Street address (including spertment no.) 9 Street address (notuding roo 212-617-0564 6118 RIVERSIDE STATION BOULEVARD 731 LEXINGTON AVENUE 5 State of province 6 Country and ZIP or foreign postal code 11 City or town 13 Country and ZIP as farming postal code SECAUCUS
Part II Employee Offer of Coverage USA 07094 **NEW YORK** NY USA 10022 Employee's Age on January 1 Plan Start Month (enter 2-digit number): 01 At 12 Monte Feb May July Dec Acr Oct Nov 14 Other of Coverage (enter required code) 1E 15 Employee Required Contribution (see 66.67 instructions) 16 Section 4980H 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. (d) DOB (f SSN or other (d) Co. This not available) all 12 m (a) Name of covered individual(a) First name, middle initial, last name (b) SSN or other TIN Marte d co Feb Sect Oct Dec X MOHAMMED Q MISBAH XXX-XX-2555 18 Ш 19 П 20 21 22 Form 1095-C2023

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