PRESIDENT AND FELLOWS OF HARV COLLEGE 1033 MASSACHUSETTS AVE 2ND FL CAMBRIDGE, MA 02138	ARD			
e/f Employee's name, address, and ZIP code MANISH KUMAR 78 S HUNTINGTON AVE APT # 23 JAMAICA PLAIN, MA 02130				
3 Social security wages 4 Social security tax 49101.52 304 5 Medicare wages and tips 6 Medicare tax with	-1988 x withheld 74.03 x withheld 44.29 held			
7 Social security tips 8 Allocated tips 10 Dependent care to 11 Nonqualified plans 12a See instructions			Social Security No	umber: XXX-XX-1988
12d 13 State emp. Ret. plan 3n X 15 State Employer's state ID no. 16 State wages, tips	JAMAICA PLAIN 1.52	, MA 02130		
	€ Fold	PAGE 1 OF 1		2 Federal income tax withheld
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c Employer's name, address, and ZIP code PRESIDENT AND FELLOWS OF HARVA COLLEGE 1033 MASSACHUSETTS AVE 2ND FL CAMBRIDGE, MA 02138	ARD COLLEGE	FELLOWS OF HARVARD SETTS AVE 2ND FL	PRESIDENT AND FEL COLLEGE 1033 MASSACHUSET CAMBRIDGE, MA 021	LOWS OF HARVARD TS AVE 2ND FL
b Employer's FED ID number a Employee's SSA XXX-XX-		mber a Employee's SSA number XXX-XX-1988	b Employer's FED ID number 04-2103580	a Employee's SSA number XXX-XX-1988
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e/f Employee's name, address and ZIP code	e/f Employee's name, add	ress and ZIP code	all Employee's asset the	13 Statemp, Ret plan 3rd party sick
MANISH KUMAR 78 S HUNTINGTON AVE APT # 23 JAMAICA PLAIN, MA 02130	MANISH KUMAR 78 S HUNTINGTON APT # 23 JAMAICA PLAIN, N	AVE MA 02130	e/f Employee's name, address MANISH KUMAR 78 S HUNTINGTON AV APT # 23 JAMAICA PLAIN, MA	/E
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19 Local income tax 20 Locality name	19 Local Income tax	20 Locality name	2355.06 19 Local Income tax	20 Locality name
W-2 Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax B	23 W-2 Wag	Filing Copy e and Tax tement oyee's State Income Tax Beturn	Wage a	I Filing Copy 2025

Copy 2 to be filed with employee's State Income Tax Return.

Copy 2 to be filed with employee's City or Local Income Tax Return.

2 Wage and Tax Statement

101442 NK25

Corp.

Employer use only

AES 18321

Copy C for employee's records.

c Employer's name, address, and ZIP code

d Control number

0000211848 WTB

Employee Reference Copy Wage and Tax Statement

OMB No. 1545-0008

Copy C for employee's records.

Control number 0000211848 WTB 101442

Dept.

Corp. NK25

Employer use only A E S 18321

c Employer's name, address, and ZIP code

PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1033 MASSACHUSETTS AVE 2ND FL CAMBRIDGE, MA 02138

e/f Employee's name, address, and ZIP code MANISH KUMAR 78 S HUNTINGTON AVE **APT # 23** JAMAICA PLAIN, MA 02130

b Employ	ver's FED ID number 04-2103580	a Employee's SSA number XXXX-XX-1988						
the same of the last of the la	tips, other comp.	2 Federal income tax withheld						
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	income tax 2355.06	18 Local wages, tips, etc.						
19 Local	income tax	20 Locality name						

Form 1095-C

Employer-Provided Health Insurance Offer and Coverage

OMB No. 1545-2251

Department of the Treasury

Do not attach to your tax return. Keep for your records.

2023

Go to www.irs.gov/Form1095C for instructions and the latest information. Internal Revenue Service Applicable Large Employer Member (Employer) Part I Employee 8 Employer identification number (EIN) 7 Name of employer 1 Name of employee (first name, middle initial, last name) 2 Social security number (SSN) 04-2103580 HARVARD PRESIDENT AND FELLOWS ****-**-1988 KUMAR MANISH 10 Contact telephone number 9 Street address (including room or suite no.) 3 Street address (including apartment no.) (617) 496-4001 114 MOUNT AUBURN STREET 4TH FLOOR 78 S HUNTINGTON AVE APT 23 13 Country and ZIP or foreign postal code 5 State or province 6 Country and ZIP or foreign postal code 11 City or town 12 State or province 4 City or town 02138 MA JAMAICA PLAIN CAMBRIDGE MA 02130-4708 Plan Start Month (enter 2-digit number): 01 Employee Offer of Coverage Employee's Age on January 1 Dec Nov Oct All 12 Months Sept Feb July Aug Jan Mar June May Apr 14 Offer of 1H 1H 1H 1H 1E 1E 1E Coverage (enter 1E 1E 1E 1E 1E required code) 15 Employee Required Contribution (see 68.00 \$ 68.00 \$ 68.00 \$ 68.00 \$ 68.00 \$ 68.00 \$ 68.00 \$ 68.00 S instructions) 16 Section 4980H Safe Harbor and 2A 2A 2C 2A 2C 2C 2C 2C 2A 2C 2C 2C Other Relief (enter code, if applicable) 17 ZIP Code Covered Individuals Part III If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. (e) Months of coverage (d) Covered (b) SSN or other TIN (c) DOB (if SSN or other (a) Name of covered individual(s) TIN is not available! all 12 months First name, middle initial, last name Jan Feb Oct Nov Mar Apr Sept May June July Aug Dec ****-**-1988 X X X X X X X X X Manish Kumar 18 19 20 21 22 23

2023 Form MA 10	99-H		ridual N	Mandate	e — N	Massach	2 FID numb	er of Insurar	nce co. or ad	ministrator			
A lawyrance company or administrator							04-1045815						
Blue Cross Blue Shield of Massacritisetts 4 Date of birth						5 Subscriber number							
3 Name of subscriber				03-28-	1988		980613	3190000			lo 7:-		
MANISH KUMAR						7 City/Town	A DIAT	NT.		8 State MA	9 Zip 0213	0	
6 Street address 78 S HUNTINGTON A		T 23	u – vátla	minimum Cl	reditable		A PLAI					_	Corrected:
Full-year minimum creditable co	verage?		Mar.	Apr.	May May	/ M June	July	Aug.	Sept.	∐ Oct.	Nov.	Dec.	
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