2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy

W-2 Wage and Tax Statement **2023**

OMB No. 1545-0008

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
0000211848 WTB	101442	NK25	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 Employer's FED ID number	a Employee's SSA number
04-2103580	XXX-XX-1988

1 Wages, tips, other comp.	2 Federal income tax withheld
49101.52	7674.03
3 Social security wages	4 Social security tax withheld
49101.52	3044.29
5 Medicare wages and tips	6 Medicare tax withheld
49101.52	711.97
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12: DD 5944.00
14 Other	12b
	12c
	12d
	13 Stat emp. / Ret. plan: X / 3rd party sick pay

15 State	Employer's state ID no.	16 State wages, tips, etc.
MA	WTH-10798176-044	49101.52
17 State income tax	18 Local wages, tips, etc.	
2355.06		
19 Local income tax	20 Locality name	

Social Security Number: XXX-XX-1988

MANISH KUMAR
78 S HUNTINGTON AVE
APT # 23
JAMAICA PLAIN, MA 02130

Fold and Detach Here

1 Wages, tips, other comp.	2 Federal income tax withheld
49101.52	7674.03
3 Social security wages	4 Social security tax withheld
49101.52	3044.29
5 Medicare wages and tips	6 Medicare tax withheld
49101.52	711.97

d Control number	Dept.	Corp.	Employer use only
0000211848 WTB	101442	NK25	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

b Employer's FED ID number	a Employee's SSA number
04-2103580	XXX-XX-1988

7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12: DD 5944.00
14 Other	12b
	12c
	12d
	13 Stat emp. / Ret. plan: X / 3rd party sick pay

e/f Employee's name, address and ZIP code

MANISH KUMAR
78 S HUNTINGTON AVE
APT # 23
JAMAICA PLAIN, MA 02130

15 State	Employer's state ID no.	16 State wages, tips, etc.
MA	WTH-10798176-044	49101.52
17 State income tax	18 Local wages, tips, etc.	
2355.06		
19 Local income tax	20 Locality name	

Federal Filing Copy
W-2 Wage and Tax Statement **2023**
OMB No. 1545-0008
Copy B to be filed with employee's Federal Income Tax Return.

FOLD AND DETACH HERE

1 Wages, tips, other comp.	2 Federal income tax withheld
49101.52	7674.03
3 Social security wages	4 Social security tax withheld
49101.52	3044.29
5 Medicare wages and tips	6 Medicare tax withheld
49101.52	711.97

d Control number	Dept.	Corp.	Employer use only
0000211848 WTB	101442	NK25	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

b Employer's FED ID number	a Employee's SSA number
04-2103580	XXX-XX-1988

7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a DD 5944.00
14 Other	12b
	12c
	12d
	13 Stat emp. / Ret. plan: X / 3rd party sick pay

e/f Employee's name, address and ZIP code

MANISH KUMAR
78 S HUNTINGTON AVE
APT # 23
JAMAICA PLAIN, MA 02130

15 State	Employer's state ID no.	16 State wages, tips, etc.
MA	WTH-10798176-044	49101.52
17 State income tax	18 Local wages, tips, etc.	
2355.06		
19 Local income tax	20 Locality name	

MA, State Filing Copy
W-2 Wage and Tax Statement **2023**
OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.

FOLD AND DETACH HERE

1 Wages, tips, other comp.	2 Federal income tax withheld
49101.52	7674.03
3 Social security wages	4 Social security tax withheld
49101.52	3044.29
5 Medicare wages and tips	6 Medicare tax withheld
49101.52	711.97

d Control number	Dept.	Corp.	Employer use only
0000211848 WTB	101442	NK25	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

b Employer's FED ID number	a Employee's SSA number
04-2103580	XXX-XX-1988

7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a DD 5944.00
14 Other	12b
	12c
	12d
	13 Stat emp. / Ret. plan: X / 3rd party sick pay

e/f Employee's name, address and ZIP code

MANISH KUMAR
78 S HUNTINGTON AVE
APT # 23
JAMAICA PLAIN, MA 02130

15 State	Employer's state ID no.	16 State wages, tips, etc.
MA	WTH-10798176-044	49101.52
17 State income tax	18 Local wages, tips, etc.	
2355.06		
19 Local income tax	20 Locality name	

City or Local Filing Copy
W-2 Wage and Tax Statement **2023**
OMB No. 1545-0008
Copy 2 to be filed with employee's City or Local Income Tax Return.

Employee Reference Copy

W-2 Wage and Tax Statement 2023

OMB No. 1545-0008

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
0000211848 WTB	101442	NK25	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 Employer's FED ID number	a Employee's SSA number
04-2103580	XXX-XX-1988
1 Wages, tips, other comp. 49101.52	2 Federal income tax withheld 7674.03
3 Social security wages 49101.52	4 Social security tax withheld 3044.29
5 Medicare wages and tips 49101.52	6 Medicare tax withheld 711.97
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD | 5944.00
14 Other	12b |
	12c |
	12d |

13 Stat emp.	Ret. plan	3rd party sick pay
	X	

15 State	Employer's state ID no.	16 State wages, tips, etc.
MA	WTH-10798176-044	49101.52
17 State income tax 2355.06		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

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.

OMB No. 1545-2251
2023

Part I Employee

1 Name of employee (first name, middle initial, last name)	2 Social security number (SSN)
MANISH | | KUMAR	***-**-1988
3 Street address (including apartment no.)	
78 S HUNTINGTON AVE APT 23	

4 City or town	5 State or province	6 Country and ZIP or foreign postal code
JAMAICA PLAIN	MA	02130-4708

Applicable Large Employer Member (Employer)

7 Name of employer	8 Employer identification number (EIN)
HARVARD PRESIDENT AND FELLOWS	04-2103580
9 Street address (including room or suite no.)	**10** Contact telephone number
114 MOUNT AUBURN STREET 4TH FLOOR	(617) 496-4001

11 City or town	12 State or province	13 Country and ZIP or foreign postal code
CAMBRIDGE	MA	02138

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	1E	1E	1E	1E	1E	1E	1E	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)	$	$ 68.00	$ 68.00	$ 68.00	$ 68.00	$ 68.00	$ 68.00	$ 68.00	$ 68.00	$	$	$	$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2A	2A	2A	2A
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. [X]

	(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	Manish		Kumar	***-**-1988		☐	☒	☒	☒	☒	☒	☒	☒	☒	☒	☐	☐	☐
19						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

2023 Form MA 1099-HC Individual Mandate — Massachusetts Health Care Coverage

1 Name of insurance company or administrator	2 FID number of insurance co. or administrator
Blue Cross Blue Shield of Massachusetts	04-1045815

3 Name of subscriber	4 Date of birth	5 Subscriber number
MANISH KUMAR	03-28-1988	9806131900000

6 Street address	7 City/Town	8 State	9 Zip
78 S HUNTINGTON AVE APT 23	JAMAICA PLAIN	MA	02130

Full-year minimum creditable coverage? ☐ Yes ☒ No — If No, check months with minimum creditable coverage: ☒ Jan. ☒ Feb. ☒ Mar. ☒ Apr. ☒ May ☒ June ☒ July ☒ Aug. ☒ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corrected:

a. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corrected:

b. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corrected:

c. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corrected:

d. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corrected:

e. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corrected:

f. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corrected:

g. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corrected:

h. Name of dependent — Date of birth — Subscriber number

Full-year minimum creditable coverage? ☐ Yes ☐ No — If No, check months with minimum creditable coverage: ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec. — Corrected: