

AUTO DRIVER LICENSE

NOT FOR "REAL ID" PURPOSES

DL M9235 70377 60652 CLASS D

DOB 10-01-1965

ISS 01-19-2023

EXP 10-01-2024

MULZAC
SHARON P
2027 STANLEY TERRACE
UNION, NJ 07083-4029

END NONE /
RESTR NONE

GENDER F HGT 5204 EYES BRN ORGAN DONOR
WX WX232304190001328 DUP01

WFO

**Department of the Treasury
State of New Jersey
Trenton, New Jersey 08625-0221
PAYROLL ACCOUNT**

Bank Name: TD BANK, NA

Statement of Earnings and Deductions

Employee Name	Address	Employee ID
SHARON MULZAC	2027 STANLEY TERR, UNION NJ 07083	000820393

Pay Period	Pay Period End	Check Date	Check No.	Calendar Year
14	06/30/2023	07/07/2023	EF297905	2023

P/R No.	Ck Dist.	Unit	Pension Memb No.	Fed Exemptions	Extra Amt	State Exemptions	Extra Amt
637	00	80	1520137	H-00		E-04	

Dependents	Other Income	Deductions	2c Check Box
2500			N

Earnings

Description	Rate	Time	Amount
Regular	273.69	10.00	2736.96
Total			2736.96

Taxable Benefit*

Description	Amount

*Taxable Amounts Included in Federal, State, FICA and Medicare Wages, where applicable

Year-to-Date

Description	Amount
Gross Wages	38317.44
Taxable Wages - Federal	31644.76
Taxable Wages - NJ	38317.44
Base Wages (Subject to Pension Ded)	38317.44

Deductions

Description	Amount	YTD/Bal	Description	Amount
Federal Income Tax & YTD	67.01	938.14	Contributory Insurance	13.68
FICA & YTD	156.01	2184.14	CWA - Full member dues	31.58
NJ Income Tax & YTD	94.77	1326.78		
Medicare & YTD	36.49	510.86		
Pension Contribution & YTD	205.27	2873.78		
Unemployment Ins. & YTD	11.63	162.82		
Pre-Tax Dental & YTD	20.15	282.10		
Pre-Tax Health/PD & YTD	162.11	2269.54		
Deferred Comp & YTD 2 %	50.63	708.82		
Unreimbursed Medical & YTD	38.46	538.44		
Family Leave Insurance & YTD	1.64	22.96		
			Total Deductions	889.43
			Net Pay	1847.53

Health and Dental Coverage

For Health Benefit plan or coverage information please login to your myNewJersey account and access your Benefitsolver account.

OMB No. 1545-0008

a Employee's social security number 097-78-5949	1 Wages, tips, other compensation 57,707.92	2 Federal income tax withheld 1,706.67																
PR 637-00	3 Social security wages 64,114.90	4 Social security tax withheld 3,975.09																
b Employer's identification number E.I. #21-6000928	5 Medicare wages and tips 64,114.90	6 Medicare tax withheld 929.75																
c Employer's name, address, and ZIP State of New Jersey Centralized Payroll PO BOX 207 Trenton, N.J. 08625	12 See instructions for box 12 C. 460.84 E. 1,262.62 DD. 18,919.91 EE. W.	10 Dependent Care Benefits 0.00 14 Other Fringe Benefits: Veh. Health Wellness 350.00																
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Form **2022 W-2**

Copy B To Be Filled With Employee's FEDERAL Tax Return

Department of the Treasury -- Internal Revenue Service

OMB No. 1545-0008

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Form **2022 W-2**

THIS COPY TO BE FILED WITH EMPLOYEE'S STATE OR LOCAL TAX RETURN WHEN REQUIRED

This information is being furnished to the Internal Revenue Service

Department of the Treasury -- Internal Revenue Service

Notice to Employee

Refund. Even if you do not have to file a tax return, you should file to get a refund if box 2 shows federal income tax withheld, or if you can take the earned income credit.

Earned Income Credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than the specified amount for 2022. For 2022 income limits and more information, visit www.irs.gov/eflc. Also see Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Clergy and Religious Workers. If you are not subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, social security number, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, amount, or SSN error reported to the SSA on Form W-2. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card at any Social Security office or call 1-800-772-1213. You may also visit the SSA at www.socialsecurity.gov.

Credit for Excess Taxes. If you had more than one employer in 2022 and more than \$9,114.00 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or

1040A Instructions and Pub. 505, Tax Withholding and Estimated Tax.

INSTRUCTIONS:

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 10. This amount is the total contribution made to a dependent care flexible spending account. (Excluded from Box 1 - Included in Box 16 if NJ in Box 15.)

Box 12. The following list explains the codes shown in box 12.

C. Taxable cost of group-term life insurance coverage over \$50,000 (Included in Box 1 and Box 16 if NJ in Box 15.)

E. Elective deferrals to a section 403(b) salary reduction agreement. (Excluded from Box 1 - Included in Box 16), generally limited to \$20,500 for 2022. See IRS Pub. 571.

G. Elective deferrals to a section 457(b) deferred compensation plan. (Excluded from Box 1 - Included in Box 16), generally limited to \$20,500 for 2022. See Instructions for Form 1040.

DD. Cost of employer-sponsored health coverage. The amount reported with Code DD is not taxable.

EE. Designated Roth contribution under a governmental 457(b) plan.

W. Health Savings Account contributions made by the employer (including employee contributions made through a cafeteria plan).

Box 13. If the "Pension plan" box is checked, special limits may apply to the amount of IRA contributions you may deduct. See Instructions for Form 1040.

Box 14. For a detailed explanation of the items in this box visit www.state.nj.us/treasury/omb/payroll/pdf/w2info2022.pdf

OMB No. 1545-0008

Copy C for EMPLOYEE'S RECORDS

(See Notice To Left)

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. SSA suggests you confirm your work record with them from time to time.

OMB02W (Rev. 11/23/2022)

Department of the Treasury
STATE OF NEW JERSEY
PO BOX 207
Trenton, NJ 08625-0207

**IMPORTANT TAX-DOCUMENT ENCLOSED
FOR FURTHER INFORMATION PLEASE VISIT
www.state.nj.us/treasury/omb/payroll/pdf/w2info2022.pdf**

FIRST-CLASS MAIL
U.S. POSTAGE
PAID
TRENTON, NJ
PERMIT NO. 21

Form 1095-CDepartment 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

2022**Part I Employee****Applicable Large Employer Member (Employer)**

1 Name of employee (first name, middle initial, last name) SHARON	2 Social security number (SSN) XXX-XX-5949	7 Name of employer State of New Jersey Centralized Payroll	8 Employer identification number (EIN) 21-6000928
3 Street address (including apartment no.) 2027 STANLEY TERR	5 State or province NJ	9 Street address (including room or suite no.) PO BOX 207	10 Contact telephone number (609) 292-7524
4 City or town UNION	6 Country and ZIP or foreign postal code 07083	11 City or town Trenton	12 State or province NJ
		13 Country and ZIP or foreign postal code 08625-0207	

Part II Employee Offer of CoveragePlan Start Month (enter 2-digit number): **01**

Employee's Age on January 1		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)	\$	\$ 126.75	\$ 126.75	\$ 126.75	\$ 126.75	\$ 126.75	\$ 126.75	\$ 126.75	\$ 126.75	\$ 126.75	\$ 126.75	\$ 139.86	\$ 139.86
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												

17 ZIP Code

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

Cat. No. 60705M

Form **1095-C** (2022)

Part III	Covered Individuals
1	2
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Covered Individuals

[illegible]