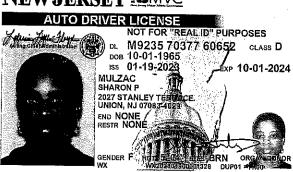
# NEW JERSEY MIMVC



#### 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         | Ad                   | dress          | Employee ID   |
|------------|----------------|----------------------|----------------|---------------|
| SHARON I   | MULZAC         | 2027 STANLEY TERR, I | JNION NJ 07083 | 000820393     |
| L          |                |                      |                |               |
| Pay Period | Pay Period End | Check Date           | Check No.      | Calendar Year |
| 4.6        | 06/30/2023     | 07/07/2023           | FF297905       | 2023          |

| P/R: No. | Ck Dist. | Unit | Pension Memb No. | Fed Exemptions | Extra Amt  | State Exemptions | Extra Amt |
|----------|----------|------|------------------|----------------|--|------------------|-----------|
| 637      | 00       | 80   | 1520137          | H-00           | AND THE PROPERTY AND TH | E-04             |           |

| Dependents | Other Income Deductions 2a Check Box | and the second |
|------------|--------------------------------------|----------------|
| 2500       | N                                    |                |

#### Earnings

| Description | Rate   | Time  | Amount  |
|-------------|--------|-------|---------|
| Regular     | 273.69 | 10.00 | 2736,96 |
|             |        |       |         |
|             |        |       |         |
|             |        |       |         |
|             |        |       |         |
|             |        |       |         |
|             |        |       | 0700.00 |
| Total       |        |       | 2736.9  |

#### Taxable Benefit\*

| 11011       |        |
|-------------|--------|
|             |        |
| 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   | The state of the s |         |
| 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   | To designate the second |         |
| Unrelmbursed Medical & YTD   | 38.46  | 538.44   |  |         |
| Family Leave Insurance & YTD   | 1.64   | 22.96  | ve en  |         |
| The second secon | Personness VVI server p. septiment for a decrease and decrease server dependent for the decrease as a second | The second secon | Total Deductions   | 889.43  |
|  |  | New World States of Agreement and Agreement  | 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. 1645-0008                       |                                   |                                    |
|---|-----------------------------------|------------------------------------|
| a Employee's social security numberr    | 1 Wages, tips, other compensation | 2 Federal income tax withheld      |
| 097-78-5949                             | 57,707.92                         | 1,706.67                           |
|   | 3 Social security wages           | 4 Social security tax withheld     |
| PR 637-00                               | 64,114.90                         | 3,975.09                           |
| b Employer's Identification number      | 5 Medicare wages and tips         | 6 Medicare lax withheld            |
| E.l. #21-6000928                        | 64,114.90                         | 929.75                             |
| c Employer's name, address, and ZiP     | 12 See instructions for box 12    | 10 Dependent Care Benefits<br>0,00 |
| State of New Jersey                     | c. 460.84                         | 14 Other                           |
| Centralized Payroll                     | E. 4.000.00                       | Fringe Benefils:                   |
| PO BOX 207                              | G. 1,262,62                       | Veh.                               |
| Trenton, N.J. 08625                     | DD. 18,919.91                     | Health                             |
| d Control number                        | EE.<br>W.                         | Wellness 350.00                    |
| ,                                       | W.                                | wesness 350,00                     |
| e Employee's name, address, and ZIP co- | e                                 | TNPI                               |
| MULZAC SHARON                           |                                   | BETT                               |
| 2027 STANLEY TERR                       |                                   | Pre-Tax Contributions:             |
| UNION NJ                                | 07083                             | Pens                               |
|   |                                   | 414(h) 5,144,36                    |
| 13 Statulory Pension plan X             | Deferred<br>comp.<br>X            | Sec 125 4,976,89                   |
| I IS State F                            | mployer's state I.D. No.          | Sec 132(f)                         |
| 2022 NJ                                 | 21-6000928                        | Olher:                             |
| 2022                                    | 16 State wages, lips, etc.        | UL/HC/WD 169.15                    |
| Wage and Ta                             |                                   | TDI 95.66                          |
| § W-2 Statement                         | 17 State Income tax               |                                    |
| <del></del>                             | 2,296.86                          | FLI 95,66                          |
| Copy B To Be Filed With Employee's      | Department of the Treasury        | Internal Revenue Service           |

| OMB No. 1545-00      | 08                  |       |              |            |                |                  |                       |
|----------------------|---------------------|-------|--------------|------------|----------------|------------------|-----------------------|
| a Employee's social  | security number     | 1 V   | /ages, tips  | , other co | mpensation     | 2 Federal Inco   | me tax withheld       |
| 097-78-5949          |                     |       |              | 57,707     | .92            |                  | 1,706.67              |
| nn                   |                     | 3 S   | oclal secu   |            |                | 4 Social secur   |                       |
| PR 637-00            | 111 <b></b>         |       |              | 64,114     |                |                  | 3,975,09              |
| b Employer's Identit |                     | 5 M   | edicare w    |            |                | 6 Medicare (a)   |                       |
| E.I. #21-60          |                     |       |              | 64,114     |                |                  | 929.75                |
| c Employer's name.   |                     |       | See Instru   |            | 00x 12<br>0.84 | 10 Depandent     | Care Benefits<br>0.00 |
| State of Ne          | wijersey            | Ç,    |              | 400        | 1,04           | 14 Other         | 0.00                  |
| Centralized          | <u>I Payroll</u>    | E.    |              | 1,262      | 82             | Fringe Benefi    | ts:                   |
| PO BOX 20            |                     | DĐ.   |              | 18,919     |                | Veh.             |                       |
| Trenton, N           | .J. 08625           | EE.   |              | (0,010     | 1.01           | Health           |                       |
| d Control number     |                     | W.    |              |            |                | Wellness         | 350.00                |
| e Employee's name    | address, and ZIP co | de    |              |            |                | TNPI             |                       |
| MULZAC.SHA           | RON                 |       |              |            |                | BFIT             |                       |
| 2027 STANLE          |                     |       |              |            |                | Pre-Tax Cont     | ribullons:            |
| UNION                | NJ                  |       | 070          | 983        |                | Pens             |                       |
| 13 Slatutory         | Pension             |       | 1            | ,          | Deferred       | 414(h)           | 5,144,36              |
| employee             | plan                |       |              |            | comp.          | Sec 125          | 4,976,89              |
|                      |                     | molau | er's state   | D No.      | ^              | Sec 132(f)       |                       |
| 2022                 | NJ L                | _21   | <u>-6000</u> | 928        |                | Other:           |                       |
|                      | Wage and Tax        | 16    | State way    |            |                | UI/HC/WD         | 169,15                |
| W-2                  | Statement           |       | State inc    | 69,091     | .79            | TDI              | 95.66                 |
| 2 44 - 2             |                     | 1"    | N.O.         | 2.296      | 68.6           | FLI              | 95,66                 |
| HIS COPY TO BE       | FILED WITH          |       | Depart       | ment of ti | e Treasury     | - Internal Rever | ue Service            |

EMPLOYEE'S STATE OR LOCAL TAX RETURN WHEN REQUIRED

This information is being furnished to the internal Revenue Service

Notice to Employee

should fite to get a refund if box 2 shows federal income tax withheld, or if you can take the earned income

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

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.frs.goviettc. 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 laxes, 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 address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employement 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.socialisecurity.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 raifroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income lax. If you had more than one raifroad employer and more than \$1,350.80 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or

Refund. Even If you do not have to file a tax return, you 1040A instructions and Pub, 505, Tax Withholding and Estimated Tax.

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

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

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

www.slate.nj.us/ireasury/omb/payroll/pdf/w2lnfo2022.pdf

| OMB No. 1545-00                         | 08                   |                 |                     |                   |                |   |                              |
|---|----------------------|-----------------|---------------------|-------------------|----------------|---|------------------------------|
| a Employee's social                     | security number      | 1.4             | /ages, tip:         | s, other c        | ompensation:   | 2 Federal Inco                              | me tax withheld              |
| 097-78-5949                             |                      |                 |                     | 57,70             | 7.92           |   | 1,706.67                     |
| PR 637-00                               |                      | 3 S             | ociai secu          | nly wage<br>64.11 |                | 4 Social secur                              | ity tax withheld<br>3.975.09 |
| b Employer's identif                    | Ication number       | 5 M             | edicare w           |                   |                | 6 Medicare ta                               |                              |
| E.I. #21-600                            |                      | ' "             |                     | 64.11             |                | A Montant (n                                | 929.75                       |
| c Employer's name,<br>State of Ne       |                      | 12 :<br>C.      | See instru          |                   | box 12<br>0.84 | 10 Dependent                                | Care Benefils<br>0.00        |
| Centralized<br>PO BOX 20<br>Trenton, N. | l Payroll<br>17      | E.<br>G.<br>DD. |                     | 1,26<br>18,91     | 2.62<br>9.91   | 14 Other<br>Fringe Benefi<br>Veh.<br>Health | lts;                         |
| d Control number                        |                      | W.              |                     |                   |                | Welness                                     | 350.00                       |
| e Employee's name,                      | address, and ZIP     | code            |                     |                   |                | TNPI  |                              |
| MULZAC,SHA                              |                      |                 |                     |                   |                | BFIT  |                              |
| 2027 STANLE                             | ,                    |                 |                     |                   |                | Pre-Tax Cont                                | ributions:                   |
| UNION                                   | NJ                   | т               | 070                 | 083               | Deferred       | Pens<br>414(h)                              | 5,144.36                     |
| 13 Statutory<br>employee                | Pension<br>plan<br>X |                 | <u> </u>            |                   | comp.          | Sec 125                                     | 4,976.89                     |
| 2022                                    | 15 State<br>NJ       | 21              | er's slate<br>-6000 | 1928              |                | Sec 132(f)<br>Other:                        |                              |
|   | Wage and T           | ах   16         | State wa            |                   |                | UI/HCMD                                     | 169.15                       |
| § W-2                                   | Statement            | 17              | State inc           | 69,09<br>ome tax  | 1./9           | TDI   | 95,66                        |
| Z 4 0 2                                 |                      | L               |                     | 2,29              |                | FLI   | 95,66                        |
| Copy C for Ef                           | MPLOYEE'S            | _               | •                   |                   | he Treasury    | - Internal Reve                             | nue Service                  |

RECORDS

(See Notice To Left)

This information is being furnished to the internal Revenue Service. If you are required to file a lax return, a negligence penally or other sanction may be imposed on you if this income is taxable and you fall to report it.

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

|  | •                |  |   | :           | 1                            |               |                             |  | •               | ,                                       |   |             | OMB No. 1545-2251                         | 5-2251   |
|--|------------------|--|---|-------------|------------------------------|---------------|-----------------------------|--|-----------------|---|---|-------------|---|--|
| 100r   |                  | Emp  | Employer-Provided Health Insurance Offer and Coverage | vided       | Healt                        | usu u         | rance                       | Offer and  | d Cover         | age                                     |   |             |   |  |
| Form COL   | •                |  | Po  | not attack  | h to your t                  | ax return.    | . Keep for                  | Do not attach to your tax return. Keep for your records. |                 |   | CORRECTED                                   | CTED        | 2<br>2<br>2<br>3                          | Ŋ  |
| Department of the Treasury   | easury           |  | Go to www.irs.gov/Form1                               | irs.gov/Fox | rm1095C1                     | for instruc   | ctions and                  | 095C for instructions and the latest information.        | ormation.       |   |   |             |   |  |
| Part Emr   | Employee         |  |   | -           |                              |               |                             | Api  | plicable La     | ırge Employ                             | Applicable Large Employer Member (Employer) | (Employer   |   |  |
|  | 22.6             |  |   | Soci        | Social security number (SSN) | umber (SS     |                             | 7 Name of employer                                       | yer             |   |   | 8 Emplo     | 8 Employer identification number (EIN)    | number (EIN)   |
| 1 Name of employee (first name, middle Initial, last name)   | ee (first name,  | middle initial, last na  | t name)   | -           | X-XX                         | XXX-XX-5949   |                             | tate of New  | / Jersey Ce     | State of New Jersey Centralized Payroll | yroll                                       |             | 21-6000928                                | 8  |
| SHAROIN IN THE STATE OF THE STA | though prilotion | INIOLES<br>most po   | 1   |             |                              |               |                             | 9 Street address (including room or suite no.)           | (including room | or suite no.)                           |   | 10 Conta    | 10 Contact telephone number               | iber   |
| Sureer address (including apa  | V TERR           | (-)  |   |             |                              |               | <u> </u>                    | PO BOX 207   | _               |   |   |             | (609) 292-7524                            | 524  |
| 4 City or fown   |                  | 5 State or province  | ICe .   | 6 Coun      | try and ZIP c                | or foreign po | stal code 1                 | 6 Country and ZIP or foreign postal code 11 City or town |                 | 12 State or province                    | vince                                       | 13 Countr   | 13 Country and ZIP or foreign postal code | yn postal code   |
| INION  |                  |  |   | 07083       | · ~:                         |               | ,                           | Trenton  |                 | ⊒                                       |   | 08625-0207  | -0207                                     |  |
|  | 10.00            | CVI CALCULATION OF CA | 050   | 20.10       | Fmnlo                        | A S'AAV       | Employee's Age on January 1 | nuary 1  |                 | Plan Start                              | Plan Start Month (enter 2-digit number):    | 2-digit nun | nber):                                    | 0.1  |
|  | oloyee Oil       | ioi on concer  |   |             | 7                            |               | Movi                        | ou i   | Airl            | Aila                                    | Sept  | Oct         | Nov                                       | Dec  |
|  | All 12 Months    | s  | . red   | Mar         | 2                            | 5             | May                         | 2000   | , and           |   |   |             |   |  |
| 14 Offer of<br>Coverage (enter<br>required code)   | 1                |  |   |             |                              |               |                             |  |                 |   |   |             |   |  |
| 15 Employee<br>Required<br>Contribution (see   | €                | \$ 126.75\$  | \$ 126.75\$   | \$ 126.75   | <del>()</del>                | 126.75\$      | 126.75\$                    | \$ 126.75\$  | \$ 126.75\$     | \$ 126.75\$                             | \$ 126.75\$                                 | 126.75\$    | \$ 139.86\$                               | 139.86   |
| 16 Section 4980H<br>Safe Harbor and<br>Other Relief (enter<br>code, if applicable)   | 2C               |  | 1   |             |                              |               |                             |  |                 |   |   |             |   | THE STATE OF THE S |
|  | -                |  |   |             |                              |               |                             |  |                 |   |   |             |   |  |
| 17 ZIF Code For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.   | and Paperw       | ork Reduction  | Act Notice, se  | e separate  | instructik                   | ons.          |                             |  | Cat             | Cat. No. 60705M                         |   |             | Form 10                                   | Form <b>1095-C</b> (2022   |
|  |                  |  |   |             |                              |               |                             |  |                 |   |   |             |   |  |

Form 1095-C (2022)

Form 1095-C (2022) Dec <u>%</u>  $\times$ Ö If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. Sept Aug (e) Months of coverage July May June Apr Mar Feb Jan (c) DOB (if SSN or other (d) Covered TIN is not available) all 12 months •  $\times$  $\times$  $\boxtimes$ (b) SSN or other TIN XXX-XX-5949 XXX-XX-8385 XXX-XX-0169 JOURDAIN JOURDAIN MULZAC (a) Name of covered individual(s) First name, middle initial, last name **Covered Individuals JEUSTEN** JASMINE 18 SHARON Part III 9 88 စ္က 20 8 27 ន 22 ន 24 25 딦