

b Employer's identification number 68-0296827		12a See instructions for Box 12		1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code BUXTON CONSULTING CO 2430 CAMINO RAMON SUITE 335 SAN RAMON CA 94583		12b \$		3 Social security wages	4 Social security tax withheld
e Employee's first name and initial PRADIP KUMAR SEN 3410 ANDREWS DR. APT # 104 PLEASANTON CA 94588		12c \$		5 Medicare wages and tips	6 Medicare tax withheld
f Employee's address and ZIP code Last name 606005448		12d \$		7 Social security tips	8 Allocated tips
13 State		16 State wages, tips, etc.		17 State income tax	
CA	397-0382-2	120846.56	8649.35		
Form W-2 Wage and Tax Statement 2020		Department of the Treasury-Internal Revenue Service		OMB # 1545-0008	

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Form W-2 Wage and Tax Statement 2020		Department of the Treasury-Internal Revenue Service		OMB # 1545-0008	

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Form W-2 Wage and Tax Statement 2020		Department of the Treasury-Internal Revenue Service		OMB # 1545-0008	

Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

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

▶ Go to www.irs.gov/Form1095B for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-2252

2020

Part I Responsible Individual

TRACKING #: 6256564T5

1 Name of responsible individual - First name, middle name, last name
PRADIP SEN

2 Social security number (SSN) or other TIN
XXX-XX-6814

3 Date of birth (if SSN or other TIN is not available)

4 Street address (including apartment no.)
3410 ANDREWS DR APT 104

5 City or town
PLEASANTON

6 State or province
CA

7 Country and ZIP or foreign postal code
US 94588-3027

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): ▶ A

9 Reserved

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name
BUXTON CONSULTING INC

11 Employer identification number (EIN)
XX-XXX6827

12 Street address (including room or suite no.)
2430 CAMINO RAMON STE 335

13 City or town
SAN RAMON

14 State or province
CA

15 Country and ZIP or foreign postal code
US 94583

Part III Issuer or Other Coverage Provider (see instructions)

16 Name
CALIFORNIA PHYSICIANS SERVICE
DBA BLUE SHIELD OF CALIFORNIA

17 Employer identification number (EIN)
94-0360524

18 Contact telephone number
855-258-3744

19 Street address (including room or suite no.)
601 12TH STREET

20 City or town
OAKLAND

21 State or province
CA

22 Country and ZIP or foreign postal code
US 94607

Part IV Covered Individuals (Enter the information for each covered individual.)

	(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	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23	PRADIP SEN	XXX-XX-6814		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	MANDAL SEN		1992-04-05	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.
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Cat. No. 60704B

Form **1095-B** (2020)