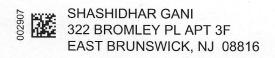
Fresh Direct, LLC 2 St. Ann's Avenue Bronx, NY 10454





P00750

1095	1095-C Employer-Provided Health Insurance Offer and Coverage							rage	∐ VOII)	OMB No. 1545-2251				
Form ■ ■ ■ Do not attach to your tax return. Keep to Internal Revenue Service						for your recor	rds.	2020							
Part I Em	ployee		a fay incompt		Western Bernstein		Α	pplicable	Large Emp	loyer Memi	per (Employ	/er)			
1 Name of employee (first name, middle initial, last name) SHASHIDHAR GANI 2 Social security number (SSN) ***-**-2874					7 Name of em Fresh Dir			8 Employer identification number (EIN) **-**6953							
3 Street address (322 BROML				principality con (Chapter sub- transfer such	en esta transcerenta Lingui tratta del Salorio	Compression	9 Street addre 2 St. Ann	ess (including ro	om or suite no.)	talistic y A ferti officer strikes		ntact telephone i 18)928-1128			
4 City or town EAST BRUNSWICK 5 State or province NJ				6 Cour	6 Country and ZIP or foreign postal code 08816			esto fragoso Sarvari e es	12 State or NY	province		13 Country and ZIP or foreign postal code 10454			
Part II Em	ployee Offe	er of Cove	rage		Employee	's Age on	January 1	Ale South 16).	Plan Sta	art Month (e	nter 2-digit r	umber): 01			
estam apos a	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code)	1A		Articul value back			to ender the end of th	10. 11963	dispersion	af rakowan ora ke opawan sa	to addition of a	oto gazel sang mga Jangson yamad s	er trado, soltes esca o unas contra de co			
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C														
17 ZIP Code	enter the fe	Marie St. 1 Sept. Kern St. Stern St.	to an acceptance of the control of t				5 19		ng rette yeerst en een een het het		en ene beniñe u en Europanoar-				
For Privacy Act	and Paperwo	rk Reductio	n Act Notice.	see separate	instructions.	**************************************		Ca	t. No. 60705M			Form	1095-C (2020		

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			(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered	on for each individual enrolled in coverage, including the employee. (e) Months of coverage											
					all 12 months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18	SWATHI	YARLAPATI	***-**-0048		X											- Class	
9	AMRUTH	GANI		2009-09-19	X												
20	ANISH	GANI		2013-11-23	X												
21	SHASHIDHAR	GANI	***-**-2874		X												
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