For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	23	22	ABHIR 21 UPADHYE	20 UPADHYE	19 UPADHYE	- 1	Prashant Rajeshwar  18 Upadhye	(a) Name of covered individual(s) First name, middle initial, last name	Govered Individuals If Employer provided so	17 ZIP Code	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 20	15 Employee Required Contribution (see instructions)	14 Offer of Coverage (enter required code) IA	All 12 Months	Employee O	Al	4 City or town	10704 Gate House Place	3 Street address (including apartment no.)	Prashant Rajeshwar Upadhye	of e	Part I Employee	Form 1095-C Department of the Treasury Internal Revenue Service
ork Reduction Act								itial, last name	Covered Individuals  If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee			4		nths Jan	Employee Offer of Coverage	VA	5 State or province	e	rtment no.)	adhye	e, middle initial, last n		Empl
Notice, see separ		XXX-XX-5446			XXX-XX-3620	12000	XXX-XX-4926	other TIN	red coverage, chi			49		Feb	де		69				ame)	1 1	Employer-Provided Health Insurance  Do not attach to your tax return. Keep for  Do not attach to your tax return. Keep for  Opportunities gov/Form1095Cfor instructions and
ate instructions.			446	2006-08-12	620			other TIN is not available)	eck the box and			€		Mar	Emplo	US 23059	6 Country and ZIP			XXX-XX-4926	2 Social security number (SSN)		ded Healt o not attach to you irs.gov/Form109
			X	)8-12 X	X		X	all 12 months	enter the inform			69		Apr May	Employee's Age on January 1		6 Country and ZIP or foreign postal code 11 City or town			126	umber (SSN)		er-Provided Health Insurance Offer and Corporation Do not attach to your tax return. Keep for your records.  By Do not attach to your tax return. Keep for your records.  Go to www.irs.gov/Form1095Cfor instructions and the latest information.
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Cat. No. 60705M								Feb Mar	individual en			49		July		e	ח	Drive	9 Street address (including room or suite no.)	Deloitte Consulting LLP		Applica	Offer and Coverage or your records.
						]		Apr May	rolled in cover			49		Aug	Plan Start M	フ	12 State or province		or suite no.)			able Large E	rage
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Form 1095-C								t Oct Nov	e. X			69		Nov	er);	US 37076-2903	Country and ZIP or foreign postal code	212-492-4705	Contact telephone number	06-1454513	8 Employer identification number (EIN)	yer)	OMB. No. 1545-2251 20 <b>20</b>
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