E 1095-C Department of the Treasury Internal Revenue Service		Employer-Provided Health Insural Do not attach to your tax return. Keep or Go to www.irs.gov/Form1095C for instructions a									VOID CORRECTED			OMB No. 1545-2251 6003-2					
Micle II Employee 2					ial security number	(SSN)								8 Employer identification number (EIN)					
1 Name of employee (first name, middle initial, last name) SHOURABH KUMAR							Applicable Large Employer Member (Employer) 7 Name of employer 8 Employer identification number (EIN) 75 – 3236480												
3 Street address (include	fing apartment no \		- W - 1 - 1 - 1 - 1		47.18.5	TE	RADATA US	INC						9.1					
11237 PASEO MONTANASO UNIT NUMBER 69 4 City or town 5 State or province						17	eet address (includin 095 VIA DE	g room or suite no.) EL CAMPO		10	10 Contact telephone number 866-418-5558								
SAN DIEGO CA			6 Country an 92127	d ZIP or foreign po	stal code 11 Ci	ity or town AN DIEGO	12 State or province CA				13 Country and ZIP or foreign postal code 92127					e			
Part II Emplo					e's Age on Jar		4.76	7.34	Plan Start Month (enter 2-digit number): (
14 Offer of Coverage	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept Oct			1 1 1 1 1 1 1 1 1 1 1 1			415	Dec	ec	
(enter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1	1E	3	1E		11			
15 Employee Required Contribution (see																1E		7	
instructions)	\$	\$ 128.00	\$ 128.00	\$ 128.00	\$ 128.00	\$ 128.00	\$ 128.00	\$128.00	\$128.00	\$128.00	\$ 12	28.00	\$1	28.0	10 \$	128	.00		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		20	2C	20					7.6				5	1	7				
The plant Co.			20	24	2C	20	2C	2C	2C	2C	110	2C		2C		20	1 1	-	
				- 4															
17 ZIP Code For Privacy Act and P	aperwork Reduction	on Act Notice see	e separato inetro	-41-			lo. 60705M												
Form 1095-C (2020	N 1857	WF1								105	don't	es general				600: P	320 age 3		
Covered Individuals – If Employer provided self-insured coverage, check the box and e						200						oyee(e) Months of coverage							
		First name, n	niddle initial, last n	ame		(b) S	SSN or other TIN	(c) DOB (if SSN or TIN is not availat	other (d) Covere ole) all 12 monti	hs Jan Feb	Mar A					Oct	Nov D	ec	
18																111			
19					w stalk .	nd i Ma	1430		100		3	1	*		1979				
20																14			
21											100		700 N		1				
22		COLAR TO THE	15 14 54 14		to state of the		i (p. 1845)	1 1 1 2 2		1 × 7 × 1 × 1	· ·	9 1		1	1 6		1. 1 Sec.	1	
23						100	1 707 1				Aga L				1 7	V THE	7	42	
24	100					Age of Fig.				FFX V SEE			1-1		- 1,55	MAL.			
25	200				Marine -		- Alexander	THE REPORT OF MICHAEL STATES								3			
26								5点"多方。	1 100						29		v1		
27			Sales Company	Saffin A	The Specific	13 (B)	250 型型 ₃					,			2.3				
28	ery Cyc Hy	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	16 1 1 1 x				erest afa		40				11					, A	
29				Tail.			AL ET	道神乐的	774	£ 12 7 0	di N					44		18	

Form 1095-C (2020)