

Employer-Provided Health Insurance Offer and Coverage

▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID
 CORRECTED

2020

8 Employer identification number (EIN)
72-0542904

2 Social security number (SSN)
***-**-6476
Applicable Large Employer Member (Employer)

Part I Employee

1 Name of employee (first name, middle initial, last name)
NIDHI MOWAR

7 Name of employer
ACCENTURE LLP

3 Street address (including apartment no.)
2750 OLD SAINT AUGUSTINE RD UNIT NO: D39 ARBOR VIEW APARTM

9 Street address (including room or suite no.)
6415 BABCOCK ROAD SUITE 100

4 City or town
TALLAHASSEE

5 State or province
FL

6 Country and ZIP or foreign postal code
32301

11 City or town
SAN ANTONIO

12 State or province
TX

10 Contact telephone number
877-332-2242

13 Country and ZIP or foreign postal code
78249

Plan Start Month (enter 2-digit number): **01**

Part II Employee Offer of Coverage

Employee's Age on January 1

14 Offer of Coverage (enter required code)	All 12 Months	Employee's Age on January 1											
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
		1H	1H	1H	1A	1A	1A	1A	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2D	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form 1095-C (2020)

Part III Covered Individuals – If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN ***-**-6476	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18	NIDHI MOWAR	***-**-6476					X	X	X	X	X	X	X	X	X	X
19	JOY MOWAR		1978-10-02				X	X	X	X	X	X	X	X	X	X
20	SIYA S MOWAR		2012-05-25				X	X	X	X	X	X	X	X	X	X
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