Form **1095-C**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-2251

20**20**

600120

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.

Part I Employee

1 Name of employee (first name, middle initial, last name)
SUDHEER BABU | GANTA

2 Social security number (SSN)
****–**–0242

3 Street address (including apartment no.)
39517 GALLAUDET DR APT 277

4 City or town
FREMONT

5 State or province
CA

6 Country and ZIP or foreign postal code
94538-4550

Applicable Large Employer Member (Employer)

7 Name of employer
NTT DATA, INC.

8 Employer identification number (EIN)
04-2437166

9 Street address (including room or suite no.)
100 CITY SQUARE

10 Contact telephone number
(469) 782-3130

11 City or town
BOSTON

12 State or province
MA

13 Country and ZIP or foreign postal code
02129

Part II Employee Offer of Coverage

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

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	$	$ 33.72	$ 33.72	$ 33.72	$ 33.72	$ 33.72	$ 33.72	$ 33.72	$ 33.72	$ 33.72	$ 33.72	$ 33.72	$ 33.72
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C

Employee's Age on January 1

17 ZIP Code

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	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18	Narmada	Tulasi	****–**–1114		☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☐	☐
19	Sudheer Babu	Ganta	****–**–0242			☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
20	Varnika Sai	Ganta		2018-03-23		☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **1095-C** (2020)