## 1095-C

Department of the Treasury Internal Revenue Service

Employee		
yee	Information about Form 1095-C and its separate instructions is at <a href="https://www.irs.gov/form1095c">www.irs.gov/form1095c</a>	Employer-Provided Health Insurance Offer and Coverage
Applicable Large Employ		Offer and Coverage
mplo		
yer Member (Employer)	CORRECTED	VOID
Employer)	2020	600120 DMB No. 1545-2251

Employee					_			Applic	able	arge	Applicable Large Employer Member (Employer)	yer M	embe	(Emp	loyer)		
t name, middle initial, last name)	3)	2	2 Social security number (SSN)	(SSN)	71	7 Name of employer	mployer						8 Em	oloyer Iden	8 Employer Identification Number (EIN)	umber (EIN	5
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ng apartment no.)					4 9	9 Street address (in 4 Country View Rd.	ress (incl	uding room	9 Street address (including room or suite no.) 4 Country View Rd.	no.)			10 Cc 800-2	10 Contact Telep 800-223-7036	10 Contact Telephone Number 800-223-7036	ber	
5 State or province	8	0	6 Country and ZIP or foreign postal code	eign postal code	5 =	11 City or town	m			12 State o	12 State or province		13 Cou	untry and	13 Country and ZIP or foreign postal code	gn postal c	ode
			1000			THE PERSON AS A PROPERTY OF			L		!						
yee Offer of Coverage	erage				<u>د</u> п	Employee's Age on January 1	y 1	Age c	š		Plan	Start	Start Month:	=			2
All 12 Months Jan	Feb	Mar	Apr	May	П	June		July		Aug	Sept		Oct		Nov	Dec	ŏ
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check the box and enter the information for each covered individual	er the information	n for eacl	n covered individ	u <u>al</u>													
covered individual(s)	NSS (d)		(c) DOB (If SSN is not	d) Covered	П						(e) Months	of Coverage	ge				
iddle initial, last name	(0)		avallable)	1		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
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Part III

15 Employee Required Contribution (see instructions)

14 Offer of Coverage (enter required code)

41987 Bushclover Terr

4 City or town

Part II Employee Offer of Coverage

3 Street address (including apartment no.)

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

Part I

16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)

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

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Sadhvi

Shivkumar

(a) Name of covered individual(s) First name, middle initial, last name

Form 1095-C (2020)