

Form 1095-C

Employer-Provided Health Insurance Offer and Coverage

VOID

OMB No. 1545-2251

CORRECTED

2020

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

Applicable Large Employer Member (Employer)

Employee information fields: 1 Name of employee (SAISRI VEERABATHINI), 2 Social security number (SSN) (XXX-XX-8748), 7 Name of employer (PARADIGM INFO TECH INC), 8 Employer identification number (EIN) (52-2118672), 3 Street address (3655 PRUNERIDGE AVE, APT 120), 9 Street address (8830 STANFORD BLVD STE 312), 10 Contact telephone number ((410) 872-1008), 4 City or town (SANTA CLARA), 5 State or province (CA), 6 Country and ZIP or foreign postal code (US 95051), 11 City or town (COLUMBIA), 12 State or province (MD), 13 Country and ZIP or foreign postal code (US 21045).

Part II Employee Offer of Coverage

Employee's Age on January 1

Plan Start Month (enter 2-digit number): 00

Table with columns for months (All 12 Months, Jan, Feb, Mar, Apr, May, June, July, Aug, Sept, Oct, Nov, Dec) and rows for Offer of Coverage (1H), Employee Required Contribution (1H), and Section 4980H Safe Harbor and Other Relief (2A).

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.

Table for covered individuals with columns for name, SSN/TIN, DOB, covered all 12 months, and months of coverage (Jan-Dec) for ages 18-30.