Form 1095-C Department of the Treasury Internal Revenue Service 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.															CORRECTED 2020						
Part I Emplo	yee								Applic	able	Larg	e En	ploy	er N	lemb	er (E	Empl	oyer))		
1 Name of employee (first name, middle initial, last name) VENKATA TARAKA YELAMANCHILI					2 Social security number (SSN)			7 Name of employer CGI Technologies and Solutions Inc							8 Employer identification number (EIN) 54-0856778						
3 Street address (inc 5104 MONTE BELI		ent no.)							t address (inc		room c	r suite	no.)			10 C	ontact	telepho	one nu	mber	
City or town 5 State or province FRANKLIN TN				6 Country and ZIP or foreign postal code US 37067				11 City or town 12 Sta Fairfax VA				tate or province				13 Country and ZIP or foreign postal con 22030					
Part II Emplo	yee Offer	of Covera	ge			ployee A	Age's	on Jan	uary 1:	32	PI	an S	tart l	Mont	th (er	nter 2	2-digi	t num	nber)	: 0	1
14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr			June	July	Aug		Sept		t	Oct		Nov		Dec		3
	1A		102 0 0 2																		
15 Employee Required Contribution (see instructions)																					
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)																					
17 ZIP Code				ARREST			12		4500	1 (4)					Raf			100		100	
	ed Individua		ed coverage, c	heck the bo	x and enter t	he informa	tion for	each in	dividual enr	olled i	n cov	erage	. inclu	idina t	the er	nolov	ee.		[>		
(a) Name of covered individual(s)				(b) SSN or other TIN or other			Of SSN	(e) Months of Coverage													
First	name, midd	le initial, las	st name	not ava		off 17 months		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
18 VENKATA TARAKA		YELAMANCHILI			***-**-7387				X												
9 'ENKATA SRI RAM		GUDIPAT	7					Х													
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