InfoStretch Corporation
3200 Patrick Henry Drive, Suite 250
Santa Clara CA, 95054

Mallesh Thanneeru
232 Burnett Ave S, APT B314
RENTON, WA 98057

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.

☐ VOID
☐ CORRECTED

600120
OMB No. 1545-2251
2020

Part I Employee

1 Name of employee (first name, middle initial, last name)	2 Social security number (SSN)
Mallesh Thanneeru	**892-99-5060**
3 Street address (including apartment no.)	
232 Burnett Ave S, APT B314	

4 City or town	5 State or province	6 Country and ZIP or foreign postal code
RENTON	**WA**	**US 98057**

Applicable Large Employer Member (Employer)

7 Name of employer	8 Employer identification number (EIN)
InfoStretch Corporation	**20-1181362**
9 Street address (including room or suite no.)	10 Contact telephone number
3200 Patrick Henry Drive, Suite 250	**408-727-1100 x225**

11 City or town	12 State or province	13 Country and ZIP or foreign postal code
Santa Clara	**CA**	**US 95054**

Part II Employee Offer of Coverage — **Employee's Age on January 1** — **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)	1A												
15 Employee Required Contribution (see instructions)	$	$	$	$	$	$	$	$	$	$	$	$	$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												
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	(e) Months of Coverage											
						Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
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