Form 1095-G

OMB No.1545-2251

Detoos

17 ZIP Code	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	15 Employee Required Contribution (see instructions)	14 Offer of Coverage (enter required code)		Part II = Em	ELLICOTT CITY	4 City or town	3 Street address (including apartment no.) 11005 NASHVILLE CT		Part I Employee
A STANDARD S			1A	All 12 Months	Employee Offer of Coverage	M N	St St	ILLE CT	first name, middle i	loyee
		\$		Jan	r of Cove	MD	State or province		PUGALE	
		<del>(A</del>		Feb	rage				NDHI	
91, 4.3801	1 (20) (20) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	S		Mar	and to report	US 21042	itry and ZIP or foreign postal	6 Silver Copy I dec pare to the second of th	2 Social security number (SSN) XXX-XX-5903	Section of the sectio
Maria Maria Maria		€9	Militar wy businessa	Apr	Employ					
		€9		May	ee's Age					
		↔	Against a season	June	Employee's Age on January	CHARLOTTESVILLE	11 City or town	9 Street address (income 321 HILLSD)	7 Name of employer GENERAL D TECHNOLOG	
		€	1000年	July	y 1	TESVILLE	Application of the second	(including room or suite no.) DALE DR	Name of employer GENERAL DYNAMICS INFORMATION TECHNOLOGY, INC.	Applicable Large Employer Member (Employer)
		69		Aug	Plan S	VA	12 State or province			
		S	eri stea veri	Sept	tart Month					
		69	TOTAL PROGRAM	Oct	1 (enter 2-	C80	13 Cou	<b>10</b> Cor 88	<b>8</b> Em	Member (
		S	and principle	Nov	Plan Start Month (enter 2-digit number): 01	US 22901	13 Country and ZIP or foreign postal	10 Contact telephone number 888-432-3633	Employer identification number (EIN) 541194322	Employer
	oct s	69		Dec						· ·

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

Cat. No. 60705M

Form 1095-C (2020)



28 27 26 25 24 23 22 21 VIYAN 20 KAVIN 19 SATHYADEVI ARIVUDAI-NAMBI If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ARIVUDA-INAMBI ARIVUDA-INAMBI EASWAR-AMOORTHY PUGALENDHI XXX-XX-9628 XXX-XX-3910 XXX-XX-9710 XXX-XX-5903 X X X X Feb Mar May (e) Months of coverage П July Aug Sept Oct X Nov P00350 Page 3 Dec

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Form 1095-C (2020)

29