ssuer or Other Coverage Provid		1		1.1				1500*								
		Health Coverage														
4 Ever Life 2 Mid America P		Do not attach to your tax return. Keep for your record Go to www.irs.gov/Form1095B for instructions and the latest information. Form 1095-B 2020 OMB No. 1545-2252 Department of the Treasury Internal Revenue Service CORRECTED Employer Sponsored Coverage (Part II) 10 Employer Name CYNOSOFT SOLUTIONS INC 11 Employer identification number (EIN) 20-8414899														
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Federal ID: 36-2149353																
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SHANKAR GARLAPA 10847 CHASE PARI APT B																
CREVE COEUR, MO		12 Street address (including room or suite no.) 239 New Road, Suite A105														
		13 City or town Parsippany														
	and the state of t						¹⁴ State or Province									
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3	Reserved						15 Country and 7ID or forcing									
SN or other TIN ***-**-7504	³ Date of Birth (If SS	N or other TIN	l is not a	vailab	ole)		¹⁵ Country and ZIP or foreign postal code 07054									
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► Covered	Individuals (En	er the info	ormati	on f	or e	ach	cove	red ir	ndivi	dual	l(s).) -				
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Form 1095-B

or Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	28	27	26	25 18 18 18 18 18 18 18 18	SHRIYAN GARLAPATI	With the train set for the season	23 MANASA SAMUDRALA	SHANKAR GARLAPATI	First name, middle initial, last name	(a)	Part IV COVERED INSTITUTE	19 Street address (including room or suite no.)		16 Name	1BA	12 Street address (including room or suite no.)	IGIN HOLI	10 Employer name	ett	District Control of the Control of t	10847 CHASE PARK IN APT R	SHANKAR 4 Street address (including anothers)	Name of responsible individual-First name, middle name, last name.	Internal Revenue Service	Penariment of the Trees.
ction Act Notice, see separate inst	Recipient	The second secon	Univided entitle de perforde		PATI *****0327)RALA ****2648	1PATI *****7504	NII Janno io Mee (e)	(b) SSN Carth Thi		e no.) 20	MEDICAL SERVICE, INC.	Issuer or Other Coverage Provider (see instructions)	THE PERSON AND THE PE	te no.) 13		Information About Certain Employer-Sponsored Coverage (see instructions)	Enter letter identifying Origin of the Health Coverage (see instructions for codes):		STATE OF THE STATE	Total Loy Made a HALL De	name middle name last name		AUDINIU BERGARIST TAGASIO
ructions.			Service Taskson	Section (State of the state of		Principles validation validation in the control of			TIN is not available) all 12 months	ach covered individual.)	INDIANAPOLIS	City or town		ctions)	HOUSTON	City or town		red Coverage (see instruc	for codes):	SAINT LOUIS	City or town	GARLAPATI		➤ Do not attach to your tax return. Keep for your records. ➤ Go to www.irs.gov/Form1095B for instructions and the latest information.	Health Coverage
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1005						X X	X X X	Jun Jul Aug Sep Oct Nov Dec	of coverage		46204-4903	1-(03)-330-1218	18 Contact telephone number	all the street and IMST residence was IMST to seek at 18 feet and	15 Country and ZIP or foreign postal code 77070		11 Employer identification number (EIN)			63141	7 Country and ZIP or foreign postal code	Date of birth (if SSN or other TIN is not available)		CORRECTED 2020	VOID OMB No. 1545-2252

For Privacy Act

Cat. No. 60704B

Form 1095-B (2020)

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