

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](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-2251

2020

Part I Employee						Applicable Large Employer Member (Employer)					
1 Name of employee (first name, middle initial, last name) <b>UMA MAHESH KANCHUMARTHI</b>			2 Social security number (SSN) <b>893-34-3341</b>			7 Name of employer <b>INTELLECTT INC</b>			8 Employer identification number (EIN) <b>83-0675925</b>		
3 Street address (including apartment no.) <b>1008 S CALIFORNIA AVE</b>						9 Street address (including room or suite no.) <b>517 ROUTE 1 S SUITE 1115</b>			10 Contact telephone number <b>(732) 896-9282</b>		
4 City or town <b>WEST COVINA</b>		5 State or province <b>CA</b>		6 Country and ZIP or foreign postal code <b>91790</b>		11 City or town <b>ISELIN</b>		12 State or province <b>NJ</b>		13 Country and ZIP or foreign postal code <b>08830</b>	

Part II Employee Offer of Coverage	Employee's Age on January 1												Plan Start Month (enter 2-digit number): <b>08</b>	
	All 12 Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
14 Offer of Coverage (enter required code) <b>1E</b>														
15 Employee Required Contribution (see instructions) \$	\$	\$ 128.51	\$ 128.51	\$ 128.51	\$ 128.51	\$ 128.51	\$ 128.51	\$ 128.51	\$ 132.50	\$ 132.50	\$ 132.50	\$ 132.50	\$ 132.50	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) <b>2F</b>														
17 ZIP Code														

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

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