Department of the Treasu Internal Revenue Service	ury		► Go to ww	w.irs.gov/Form	1095C for instructions a		and Cover	[	CO	RRECT	ED			545-2251		П
Part I Employ				2 So	cial security number (SSN)		rge Employer Mem	ber (Employer				81	mploye	_	ication n	_
1 Name of employee (firs VIRENDRAKUM	st name, middle in AR B BRAH	itial, last name) IMBHATT				7 Name of employer PHILLIPS							, 10	32;		
Street address (includin 6322 GRAND 1	ng apartment no.) SUMMIT C'I	Г				9 Street address (inc.	fuding room or suite as )	ELER AVE				10	Contact	telepho	ne numb	er
4 City or town KATY 5 State or province 6 Country and ZIP or foreign pos 77494					nd ZIP or foreign postal code							800-965-4421 13 Country and ZIP or foreign postal				
Part II Employee Offer of Coverage Employee's Age on Ja							OK Plan Start Mor	an Start Month (enter 2-digit number):				74003-6670				
	All 12 Months	Jan	Feb	Mar	Apr	May June	July	Aug	Se			Oct	_	Nov		D
4 Offer of Coverage (enter required code)		1A	1A	1A	1A 1	A 1A	1A	1A	1A		1	A		1A		1A
5 Employee Required contribution (see instructions)	\$	\$	s	s	s	•										
5 Section 4980H afe Harbor and Other elief (enter code, applicable)		2C	2C	2C	2C 2	c 2c	2C	\$ 2C	2C		20		\$	2C	\$	2C
7 ZIP Code or Privacy Act and Pape	Annual Ded. W															
	Individuals l	lf Employer pro	ovided self-insu	ired coverage,	check the box and ente	r the information fo	or each individual en	rolled in covera	ne. inclu	ding the	e emn	lovee	×		ы	0032 Page
	Individuals — I	(a) Name of c	ovided self-insu covered individual(iddle initial, last na	s)	check the box and ente	r the information fo (b) SSN or other TIN	(c) DOB (if SSN or ot	ner (d) Covered				(e) Mont	-			Page
Part III Covered I		(a) Name of c First name, mi	covered individual(	s)				ner (d) Covered		eb Mar	Apr I	(e) Mont	ths of co	Aug S	Lifept Oct	Page
Part III Covered I	MAR B BRA	(a) Name of c First name, mi	covered individual(	s)	t d	(b) SSN or other TIN	(c) DOB (if SSN or ot	ner (d) Covered	Jan Fe	eb Mar	Apr I	(e) Mont May Jun	ths of co	Aug S	lept Oc	Page
Covered I  VIRENDRAKUM  KANISHKA BR	MAR B BRA	(a) Name of c First name, mi	covered individual(	s)	t k	(b) SSN or other TIN	(c) DOB (if SSN or ot	ner (d) Covered	Jan Fe	Mar X	Apr I	(e) Mont May Jun	ths of co	Aug S	ept Oct	Nov X
VIRENDRAKUM KANISHKA BR SAPANA BRAH	MAR B BRA: RAHMBHATT IMBHATT	(a) Name of c First name, mi	covered individual(	s)	k k	(b) SSN or other TIN  **-**-9327  **-**-0973	(c) DOB (if SSN or ot	ner (d) Covered	Jan Fe	Mar X X X	Apr I	(e) Mont May Jun X X	ths of co	Aug S	iept Oci	Nov X
VIRENDRAKUM KANISHKA BR SAPANA BRAH	MAR B BRA: RAHMBHATT IMBHATT	(a) Name of c First name, mi	covered individual(	s)	k k	(b) SSN or other TIN  **-**-9327  **-**-0973  **-**-6037	(c) DOB (if SSN or ot	ner (d) Covered	Jan Fe	Mar X X X	Apr I	(e) Mont May Jun X X X X	ths of co	Aug S X X X X	iept Oct	Nov X X
VIRENDRAKUM KANISHKA BR SAPANA BRAH	MAR B BRA: RAHMBHATT IMBHATT	(a) Name of c First name, mi	covered individual(	s)	k k	(b) SSN or other TIN  **-**-9327  **-**-0973  **-**-6037	(c) DOB (if SSN or ot	ner (d) Covered	Jan Fe	Mar X X X	Apr I	(e) Mont May Jun X X X X	ths of co	Aug S X X X X	iept Oct	Nov X X
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omm 1095-C (2020) Part III Covered I VIRENDRAKUM KANISHKA BR SAPANA BRAH SHIVANSH BR	MAR B BRA: RAHMBHATT IMBHATT	(a) Name of c First name, mi	covered individual(	s)	k k	(b) SSN or other TIN  **-**-9327  **-**-0973  **-**-6037	(c) DOB (if SSN or ot	ner (d) Covered	Jan Fe	Mar X X X	Apr I	(e) Mont May Jun X X X X	ths of co	Aug S X X X X	iept Oct	Nov X X
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