22 21 20 19 Parthiban 18 Manoharan Harbor and Other 4980H Safe 16 Section Contribution (see 14 Offer of if applicable) Relief (enter code, 15 Employee required code) Coverage (enter 17 ZIP Code instructions) Department of the Treasury Internal Revenue Service 7095-C Part II 3 Street address (including apartment no.) 4 City or town Name of employee (first name, middle initial, last name) Niranjan Seethala Apt 23C 3 Dayton Dr Seethala Manoharan (a) Name of covered individual(s) First name, middle initial, last name If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. Employee Covered Individuals Employee Offer of Coverage 4 All 12 Months 3 5 State or province 69 Jan Employer-Provided Health Insurance Offer and Coverage 69 ▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095Cfor instructions and the latest information. Feb XXX-XX-1140 (b) SSN or other TIN 69 2 Social security number (SSN) Mar 6 Country and ZIP or foreign postal code 11 City or town XXX-XX-1140 JS 08820-3428 (c) DOB (If SSN or not available other TIN is Employee's Age on January 1 2011-09-18 69 all 12 months (d) Covered May × × 9 Street address (including room or suite no.) 7 Name of employer 69 211 Quality Circle Cognizant Technology Solutions US Corp. College Station Jan June Feb 6 Applicable Large Employer Member (Employer) July Mar Apr 69 Plan Start Month (Enter 2-digit number): 12 State or province May (e) Months of Coverage 69 June Sept VOID CORRECTED July 69 Aug Oct 13 Country and ZIP or foreign postal code 8 Employeridentificationnumber (EIN) 10 Contact telephonenumber 973-368-9700 x428434 Sept US 77845 13-3924155 69 OMB. No. 1545-2251 Nov Oct × Nov Dec Dec