

**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 (Employer)**  
 EMPLOYER'S name, street address (including room or suite no.), city or town, state or province, country and ZIP or foreign postal code and contact telephone no.  
 RATAN R PARK LLC  
 375 W PASSAIC ST  
 ROCHELLE PARK, NJ 07662  
 201-294-1511

**Employee**  
 EMPLOYEE'S name (first name, middle initial, last name), street address (including apartment no.), city or town, state or province, country and ZIP or foreign postal code  
 KISHOR T BIRADAR  
 375 WEST PASSAIC ST  
 ROCHELLE PARK, NJ 07662

**Part II Employee Offer of Coverage**  
 Employees' Age on January 1  Plan Start Month (enter 2-digit number): 10

**14 Offer of Coverage (enter required code)**  
**15 Employee Required Contribution (see instructions)**  
**16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)**  
**17 ZIP Code**

Month	14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see instructions)	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	17 ZIP Code
All 12 months		\$		
January	1E	\$ 128.18		2F
February	1E	\$ 128.18		2F
March	1E	\$ 128.18		2F
April	1E	\$ 128.18		2F
May	1E	\$ 128.18		2F
June	1E	\$ 128.18		2F
July	1E	\$ 128.18		2F
August	1E	\$ 128.18		2F
September	1E	\$ 128.18		2F
October	1E	\$ 127.14		2F
November	1E	\$ 127.14		2F
December	1E	\$ 127.14		2F

**2 Social security number (SSN)**  
 XXX-XX-4002  
**8 Employer Identification Number (EIN)**  
 01-0859832

**Part III Covered Individuals**

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

(a) Name of covered individual(s)  
 (b) SSN or other TIN  
 (c) DOB (if SSN not available) or other TIN is  
 (d) Covered all 12 months  
 (e) Months of Coverage

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>