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Department of the Treasury Internal Revenue Service		Go to www	irs.gov/For	Go to www.irs.gov/Form1095C for Instructions and the latest incomme	tions and t	he latest IIII	olicable Large Employer Member (Employer)	arge Em	ployer	Membe	er (Emp	loyer)		
Part I Employee		ame	2 Social s	2 Social security number (SSN)	7 7	7 Name of employer	ONSULTING LLP	ING LLP				(06-1454513	n number (El 13
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Part III Covered Individuals If Employer provided se	overed Individuals Employer provided self-insured coverage, check the box and enter the information for each	ed coverage	check the	box and enter th	e informat	on for eac		Individual enrolled in coverage, including the employees. (e) Months of coverage	in cove	overage, including (e) Months of coverage	coverage	the ent	-	[
(a) Name of covered individual(s) First name, middle initial, last name	d individual(s) litial, last name	(b) SSN or other TIN	other TIN	(c) DOB (if SSN or other TIN is not available)	all 12 months	s Jan	Feb Mar	Apr	May	June	July	_	-	
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