71319090

OMD USA
c/o Omnicom 437 Madison Ave
New York, NY 10022

0000537**000001**000001**********AUTO**ALL FOR AADC 07099**000001

BHAVESH THAKKAR
180 10TH ST APT 407
JERSEY CITY NJ 07302-1423
0000537

600120

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 for instructions and the latest information.

☐ VOID
☐ CORRECTED

OMB No. 1545-2251

2021

Part I Employee

1 Name of employee (first name, middle initial, last name)	2 Social security number (SSN)
BHAVESH P THAKKAR	xxx-xx-7104

3 Street address (including apartment no.)		
180 10th Street Apt 407		
4 City or town	5 State or province	6 Country and ZIP or foreign postal code
Jersey City	NJ	USA 07302

Applicable Large Employer Member (Employer)

7 Name of employer	8 Employer identification number (EIN)
OMD USA	13-4117630
9 Street address (including apartment no.)	10 Contact telephone number
c/o Omnicom 437 Madison Ave	888-977-8490

11 City or town	12 State or province	13 Country and ZIP or foreign postal code
New York	NY	USA 10022

Part II Employee Offer and Coverage

Employee's Age on January 1

Plan Start Month: 01

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
		1H	1H	1H	1H	1H	1H	1H	1H	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	$	$	$	$	$	$	$	$	$	$ 46.60	$ 46.60	$ 46.60	$ 46.60
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2D	2D	2C	2C	2C	2C
17 ZIP Code													

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) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (If SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
18 BHAVESH P THAKKAR	xxx-xx-7104		☐	☐	☐	☐	☐	☐	☐	☐	☐	☒	☒	☒	☒
19			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26															

0000537