Form 1095-C Department of the Treasury Internal Revenue Service			En	nployer-F	ffer and Coverage records.							OMB No. 1545-225					251							
Part I Emplo				40 10 11 11	.ira.gov/r orii	Trosse for ma	structions	s and th	e latest	Applica		arg	e Em	ploy	er M	embe	er (E	mple	ver)	202	21			
Name of employee (first name, middle initial, tast name)     SHALINI						2 Social security number (SSN)			7 Name of employer THE WEISSCOMM GROUP LTD								8 Employer identification number (EIN) 26-2729056							
3 Street address (including apartment no.) 1037 KINGWAY									9 Street address (including room or suite no.) 50 Francisco St								10 Contact telephone number							
4 City or town BREINIGSVILLE			ate or provin	6 Country and ZIP or foreign post code US 18031		postal	11 City or town San Francisco				12 State or province CA				13 Country and ZIP or for 94133					ostal code				
Part II Emplo	yee Off	er of	Coverag	je		Emp	oloyee /	Age's	on Jar	nuary 1:		PI	an S	tart I	Mont	h (en	iter 2	2-digit	num	ber):	01			
14 Offer of Coverage (enter	All 12 Months		Jan Feb		Mar	Apr May			June	July	Au		ug Sept		t	Oct			Nov		Dec			
15 Employee Required Contribution (see instructions)	650.57												+		1					+				
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C																			T		_		
17 ZIP Code													1											
	d Individ		self-insured	d coverage. d	heck the box	and enter the	e informa	tion for	each ir	ndividual enr	alled in	2 001	orano	inclu	ding t	the on	nnlov	20		ΓX				
If Employer provided self-insured coverage, check the box  (a) Name of covered individual(s)					(b) SSN or other TIN or other		(if SSN	(d) Covered		(e) Months of Coverage														
First name, mid			initial, last	name	***-**-7296		not avail	lable)	all 12 months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
HALINI			GUPTA			,,255						x	x	x	х	x	x	x	x	x	x	х		
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