Form 1095-B Department of the Treasury

Health Coverage

Do not attach to your tax return. Keep for your re

OMB No. 1545-2252

Internal Revenue Service	Go to www.irs.go	v/Form10	95B for instruct	tions and the lat	est informatio	n.			С	ORR	ECT	ED		2	202	21				
Part I Responsible II	ndividual																			
KARAN KAMLESH	PARIKH					2 Social security number (SSN or other TIN) 3 Date of birth (if SSN or other TIN is not availa														
4 Street address (including apartment 62 NEWKIRK STREET	JEWKIDK CIDEET			or town EY CITY			6 State or province NJ						7 Country and ZIP or foreign postal code 07306							
8 Enter letter identifying Origin of the	Health Coverage (see instruction	ons for code:	3): >	В	9 Reserved					- 1										
Part II Information A 10 Employer name	bout Certain Employer	r-Sponso	red Coverage	(see instruction	ns)															
NORTHEASTERN UNIVERSITY								11 Employer identification number (EIN) 04-1679980												
2 Street address (including room or suite no.) 60 HUNTINGTON AVE Bostor Part III Issuer or Other Coverage Provider (see instru				14 State or province MA						15 Country and ZIP or foreign postal code 02115										
16 Name NORTHEASTERN UNIVERSITY	er Coverage Provider (see instru	ctions)		17 Employer ide	entificat	ion nu	mher (FIM)	10	Conto	ot tolo								
19 Street address (including room o		17 Employer identification number (EIN) 04-1679980						18 Contact telephone number 6173732000												
360 HUNTINGTON AVE Boston				21 State or province MA						22 Country and ZIP or foreign postal code 02115										
Part IV Covered Indiv	riduals (Enter the inform	nation for	each covered	individual.)		10	E 8 1			102							_			
(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)							Months of coverage									
23 KARAN KAMLESH	2421/41		***-**-8130			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct I	Vov	Dec			
24	PARIKH					^	^	X	X	X	X	X	X							
25										-		-	+		-					
26						-				-	-	-	-	-		_				
27		7				-			-											
28																				
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