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3 Street address (including aportment oc) APT 246							O Characteristics of the Control of					10 Contact telephone number 212-801-1503		
SANFORD 5 State or province			6 Country	y and ZIP or foreign pos	tal code 1	NEW YORK		12 State or province			13 Country and ZIP or foreign postal code			
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P00350 Form 1095-C (2021) Page 3 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 (e) Months of coverage (c) DOB (if SSN or other TIN is not available) (b) SSN or other TIN (d) Covered all 12 months Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec 18 VENU GOPAL REDDY SOMA ***-**-6840 19 MOUNIKA REDDY YEDLA ***-**-7818 × 20 21 23 24 25 26 29 30

Form 1095-C (2021)