Form 1095-C

Employer-Provided Health Insurance Offer and Coverage

OMB No. 1545-2251

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		Rajeswari	Geethik Reddy	Bhaskarareddy	Charvi Sree Reddy	(a) Name of First name.	Part III Cove	17 ZIP Code	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	15 Employee Required Contribution (see sinstructions)	14 Offer of Coverage (enter required code)		Part II Empl	EXTON	4 City or town	3 Street address (including apartment no.) 179 LINDENWOOD DR	BHASKARAREDDY	ame of employee	Part I Employee	Department of the Treasury Internal Revenue Service
						(a) Name of covered individual(s) First name, middle initial, last name	Covered Individuals If Employer provided se					All 12 Months	oyee Of			OOD DR	DDY	first name,	oyee	asury
		Kalluri	Kalluri	Kalluri	Kalluri	dividual(s)	Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each	יולוים	2C	\$ 70.56	Ė	s Jan	Employee Offer of Coverage	7.	5 State or province	ment no.)	KALLURI	1 Name of employee (first name, middle initial, last name)		
		****_**-3013	****_**-8756	****_**_1212	***	(b) SSN or other TIN	ired coverage		20	\$ 70.56	1E	1 1.		PA	100		2	name)		► Go to www
		-3013	-8756	-1212	-7824		check the		2C	\$ 70.56	Ĥ	Mar	:		6 Country		-	2 Social		not attach
						(c) DOB (if SSN or other TIN is not available)	box and ente		2C	\$ 70.56	1Ē	Apr	Employee's Age on January 1	19341-2164	6 Country and ZIP or foreign postal code		****-**-1212	2 Social security number (SSN)		► Do not attach to your tax return. Keep for your records. ► Go to www.irs.gov/Form1095C for instructions and the latest information.
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		×	×	×	×	ths Jan	ation for ea		2C	\$ 70.56	î	June	anuary 1	CHESTERB	11 City or town	9 Street address (including root 1300 MORRIS DRIVE	AMERISOURCEBERGEN SERVICES CORPORATION	7 Name of employer		or your reco
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		×	×	×	×		lividual		2C	70.56	Æ	July		Š		(Including room or suite no.)	BERGE		Applicable Large Employer Member (Employer)	nation.
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]		×	×	×	×	May	d in cov		2C	70.56	1E	Aug	Start		State or province	e no.)	VICES	-	mplo	
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		×	×	×	×	001	* X		20	70.56	m	Nov	37): 01	19087	d ZIP or fc	(888) 692-2272	23-2546940	8 Employer identification number (EIN)		20
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