Part Employee 2 Social security number (SSN)	E 1095-C Department of the Treasul Internal Revenue Service	► Do not attach to your tax return. Reep to So to www.irs.gov/Form1095C for instructions are						or your records.				CTED	OMB No. 1545-2251 60032				
1	2 Social security number (SSN)						SN) Ap						8 Employer identification number (EIN)				
Signed address including acestment Signed or provided Signed or pr	Name of employee (first name, middle initial, last name)							7 Name of employer 74-2782655									
TETKOSKI CT	Street address (includi	ng apartment no)					9 Stre	et address (includir	ng room or suite n	0)							
Part Employee Offer of Coverage	7 TETKOSKI CT				6 Country and	7IP or foreign posta	PO	BOX 4606	50								
Employee Stage of Coverage	FLORENCE NJ											13 Country and ZIP or foreign postal cod					
A Office of Coverage (enter required code)	Part II Employee Offer of Coverage			Employee's Age on January 1								1 63146			_		
Molter of Coverage		All 12 Months	Jan	Feb	Mar	Apr	May	June	July		T			Nov		_	
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