

**Employer-Provided Health Insurance Offer and Coverage**

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

Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

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<b>Part I Employee</b>			<b>Applicable Large Employer Member (Employer)</b>								
1 Name of employee <b>Chaitanya Boggavarapu</b>			2 Social security number (SSN) <b>***-**-8699</b>			7 Name of employer <b>Techwish Group Inc.</b>			8 Employer identification number (EIN) <b>47-3174925</b>		
3 Street address (including apartment no.) <b>1616 Dr Martin Luther King Jr Avenu 7</b>						9 Street address (including room or suite no.) <b>46040 Oak Center Plaza Suite 125</b>			10 Contact telephone number <b>(703)-738-1251</b>		
4 City or town <b>Albuquerque</b>		5 State or province <b>NM</b>		6 Country and ZIP or foreign postal code <b>87106</b>		11 City or town <b>Sterling</b>		12 State or province <b>VA</b>		13 Country and ZIP or foreign postal code <b>20166 USA</b>	

<b>Part II Employee Offer and Coverage</b>				<b>Employee's Age on January 1:</b>					<b>Plan Start Month (Enter 2-digit number):</b> 01				
14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
		1A	1A	1A	1A	1A	1H	1H	1H	1H	1H	1H	1H
	15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2A	2A	2A	2A	2A	2A	2A
17 ZIP Code													

<b>Part III Covered Individuals</b>															
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)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18 Chaitanya Boggavarapu	***-**-8699	11/02/1993		X	X	X	X	X							
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Techwish Group Inc.  
46040 Oak Center Plaza Suite 125  
Sterling VA 20166

First Class Mail  
Postage Paid  
Framingham, MA  
Permit No. 12

Chaitanya Boggavarapu  
1616 Dr Martin Luther King Jr Avenu  
7  
Albuquerque NM 87106