

# Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at [www.irs.gov/form1095c](http://www.irs.gov/form1095c)

VOID  
 CORRECTED

600120  
 OMB No. 1545-2251

**2022**

## Part I Employee

1 Name of employee (first name, middle initial, last name) Aniket   Tripathy		2 Social security number (SSN) 847-77-7167
3 Street address (including apartment no.) 7421 Frankford Road Apt 1536		
4 City or town Dallas	5 State or province TX	6 Country and ZIP or foreign postal code 75252

## Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May
14 Offer of Coverage (enter required code)	1E					
15 Employee Required Contribution (see instructions)	\$0.00					
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C					
17 ZIP Code						

## Part III Covered Individuals

If Employer Provided self-insured coverage check the box and enter the information for each covered individual

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months
18				<input type="checkbox"/>
19				<input type="checkbox"/>
20				<input type="checkbox"/>
21				<input type="checkbox"/>
22				<input type="checkbox"/>
23				<input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

## Applicable Large Employer Member (Employer)

7 Name of employer Market Scan Information Systems Inc		8 Employer Identification Number (EIN) 77-0391383
9 Street address (including room or suite no.) 815 Camarillo Springs Rd, Ste B		10 Contact Telephone Number (805) 465-9486
11 City or town Camarillo	12 State or province CA	13 Country and ZIP or foreign postal code 93012

Employee's Age on January 1: Plan Start Month: **01**

June	July	Aug	Sept	Oct	Nov	Dec

### (e) Months of Coverage

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form **1095-C** (2022)

Market Scan Information Systems Inc  
 815 Camarillo Springs Rd, Ste B  
 Camarillo, CA 93012

105713 101471 \*\*1095-C\*\*  
 Aniket Tripathy  
 7421 Frankford Road Apt 1536  
 Dallas, TX 75252