Form 1095-B
Department of the Treasury
Internal Revenue Service

Health Coverage

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

OMB No. 1545-2252

internal Hevenue Serv	ice	Go to www.irs.g	gov/Form10	95B for instructi	ons and the late	st informatio	n.		L		Unn	LUII	-		4	∡∪∡	22				
Part I Respon	sible I	ndividual																			
1 Name of responsible individual-First name, middle name, last name KARTHEEK				JAMPULA			2 Social security number (SSN) or other TIN							3 Date of birth (if SSN or other TIN is not availa							
4 Street address (including apartment no.) 7 OCEAN VIEW DRIVE				5 City or town BOSTON			6 State or province MA						7 Country and ZIP or foreign postal code 02125								
		Health Coverage (see instruc			В	9 Reserved															
Part II Informa	tion A	bout Certain Employe	er-Sponso	red Coverage	(see instruction	ns)	老金	7 - 1	5 - 15												
10 Employer name NORTHEASTERN UNIVERSITY								11 Employer identification number (EIN) 04-1679980													
12 Street address (including room or suite no.) 360 HUNTINGTON AVE			BOSTO	13 City or town BOSTON			14 State or province MA						15 Country and ZIP or foreign postal code 02115								
	or Oth	er Coverage Provider	(see instru	ictions)			NY I	160	18.3	9150											
16 Name NORTHEASTERN UNIVERSITY					17 Employer identification number (EIN) 04-1679980						18 Contact telephone number 6173732000										
19 Street address (including room or suite no.) 360 HUNTINGTON AVE			20 City BOST	or town ON	21 State or province MA						22 Country and ZIP or foreign postal code 02115										
Part IV Cover	ed Indi	viduals (Enter the info	rmation for	each covered i	ndividual.)																
(a) Name of covered individual(s) First name, middle initial, last name				(b) SSN or other TIN		1000						Months of coverage									
	THOOSE WILLIAM, IASK HATTIE			TIN is not available	all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec				
23 KARTHEEK		JAMPULA			1993-10-11		X	X	X	X	X	X	X	X							
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