Form 1095-B

Department of the Treasury Internal Revenue Service

Health Coverage

073396020200

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

Go to www.irs.gov/Form1095B for instructions and the latest information.

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Part I Respon	nsible Individ	lual	FERRING OF SUPPLIES	195			The St			100,00	4503										
1 Name of responsible individual-First name, middle name, last name								2 Social security number (SSN) or other TIN						3 Date of birth (if SSN or other TIN is not available)							
HITARTH					PANCHAL			*****9938													
4 Street address (including apartment no.)					5 City or town			6 State or province					7 Country and ZIP or foreign postal code								
13330 WEST ROAD APT # 321					HOUSTON			TX						77041							
As Contain de Par	M. In Albandar	MARKET	(and instruction	tions			9	Reserve	d												
8 Enter letter identify	ing Origin of the	Health Co	verage (see Instruc	CIONS	for codes):	· · · I	3														
Part II Informa	ation About	Certain	Employer-Spo	nsol	red Coverage (s	ee instru	ictions	()	TVI Dest	SERVE ALS		PRINTER.	6.5%	artisque,	14 797	REPORTED IN					
10 Employer name									-	The same of	t to look	1	1 Emplo	oyer iden	tification	number (E	EIN)	THE STREET			
MS INTERNATIONAL INC								*****2013													
12 Street address (including room or suite no.)					13 City or town			14 State or province						15 Country and ZIP or foreign postal code							
2095 N BATAVIA ST					ORANGE		CA						92865								
Part III Issuer	or Other Cov	erage F	Provider (see in	struc	ctions)			DIDEL H	dining!	10000	and the	Phil		TESSA!	THE .	g William	Circi.	e dans			
16 Name						17	Employ	er identifi	cation nu	mber (EIN	1) 1	18 Contact telephone number									
BLUE CROSS OF CALIFORNIA					- Control of the Cont			95-3760980						1-(833)-684-0096							
19 Street address (including room or suite no.)					20 City or town			21 State or province						22 Country and ZIP or foreign postal code							
Part IV Covered Individuals (Enter the information					INDIANAPOLIS			IN						46204-4903							
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(a) Name of covered individual(s) (b) SSN or other					THE RESERVE OF THE PARTY OF THE			(e) Months of coverage													
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60704B

Form 1095-B (2022)