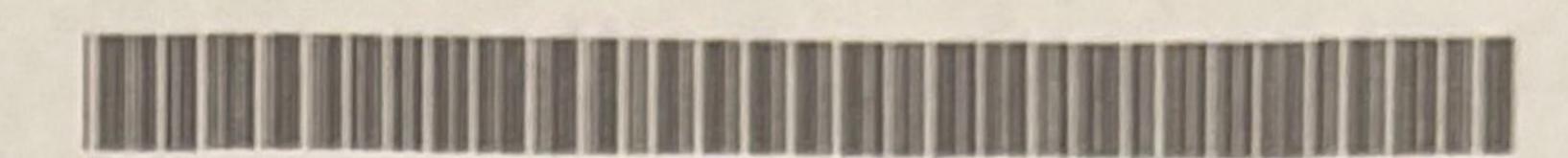
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M S INTERNATIONAL INC 2095 N BATAVIA ST ORANGE, CA 92865-3101



N3RPNA95CPF0000027632A426A045

029080 RO9MTU01 N3R 0070 A01AA 000000409 HITARTH PANCHAL 13330 WEST ROAD APT # 321 HOUSTON, TX 77041

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

600750

4005 0											□ v	OID		1	OMP No	1545.20	51	
Form 1095-C Department of the Treasury Internal Revenue Service	ided Health Insurance Offer of attach to your tax return. Keep for your re gov/Form 1095C for instructions and the la				your records. CORREC							OMB No. 1545-2251 TED 2022						
Part I Employee						THE REAL PROPERTY AND ADDRESS.	The state of the s		arge E	mploy	er Me	mber	(Emple	over)	12.72	9777138		
1 Name of employee (first name, middle initial, last name)				2 Social security number (SSN)			Applicable Large Employer Member (Employer) 7 Name of employer 8 Employer identification number (Elempton)											
HITARTH PANCHAL				X-XX-9938	THE PERSON NAMED IN	M S INTERNATIONAL INC							3	35-1562013				
3 Street address (including apartment no.) 13330 WEST ROAD							9 Street address (including room or suite no.)							10 Contact telephone number				
							2095 N BATAVIA ST						714-685-7651					
4 City or town 5 State or province				6 Country and ZIP or foreign postal code									13 Country and ZIP or foreign postal coo					
HOUSTON TX			USA 77041			ORANGE				CA				USA 92865-3101				
	Offer of Cover	rage		Employee's A	lge on Ja	nuary 1	0.00	14 - 1 17 y	Plan	Start	Mont	n (enter	2-digit	numbe	r): 0	7		
All 12 Mo	onths Jan	Feb	Mar	Apr	May	June		July	A	ug	Sep	t	Oct		Nov	1)ec	
14 Offer of Coverage (enter required code) 1E																		
15 Employee Required Cantribution (see Instructions)	\$ 59.0	28 59.028	59.0	25 59.025	59.02	\$ 59.	025	13.0	0\$	13.00	S 13	3.00\$	13.	00\$	13.0	0\$	13.0	
6 Section 4980H afe Harbor and ther Relief (enter ode, if applicable) 2C																		
7 ZIP Code Part III Covered Inc			h - 1. 4h		ha informa	tion for a	anh in	Unridual	aprollo	d in oo	loro do	includia	- the	malay		1		
		STATE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	A DESCRIPTION OF THE PARTY OF T	e box and enter t	THE PERSON NAMED IN	NAME OF TAXABLE PARTY.	acmini	IIVIUUAI	ernone	- Augusta Va	AND DESCRIPTION OF THE PARTY.		Control and a Printer	illhioye	70. L			
(a) Name of covered individual(s) First name, middle initial, last name		(b) SSN or ot	her TIN	(c) DOB (if SSN or other TIN is not available)		PERSONAL PROPERTY AND PERSONS ASSESSMENT AND PARTY AND PERSONS ASSESSMENT AND PARTY AN		Feb Mar		May	Months of coverage July		Aug Sept		Oct No		ov Dec	
THOU THURSDAY OF	rucin, numer receive					Jail	rep	IVICU	Apr	Iviay	Julie	duly	Aug	oopi	OCI	1404	Da	
8			TO BE SET															
19																	L	
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

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