

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.

600120

Form **1095-C**  
Department of the Treasury  
Internal Revenue Service

### 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.

VOID

OMB No. 1545-2251

CORRECTED

**2022**

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) <b>HITARTH PANCHAL</b>		2 Social security number (SSN) <b>XXX-XX-9938</b>		7 Name of employer <b>M S INTERNATIONAL INC</b>		8 Employer identification number (EIN) <b>35-1562013</b>	
3 Street address (including apartment no.) <b>13330 WEST ROAD</b>				9 Street address (including room or suite no.) <b>2095 N BATAVIA ST</b>		10 Contact telephone number <b>714-685-7651</b>	
4 City or town <b>HOUSTON</b>		5 State or province <b>TX</b>		6 Country and ZIP or foreign postal code <b>USA 77041</b>		11 City or town <b>ORANGE</b>	
						12 State or province <b>CA</b>	
						13 Country and ZIP or foreign postal code <b>USA 92865-3101</b>	

Part II Employee Offer of Coverage	All 12 Months	Employee's Age on January 1												Plan Start Month (enter 2-digit number): <b>07</b>		
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
14 Offer of Coverage (enter required code) <b>1E</b>																
15 Employee Required Contribution (see instructions) \$	\$	\$ 50.02	\$ 59.02	\$ 59.02	\$ 59.02	\$ 59.02	\$ 59.02	\$ 59.02	\$ 13.00	\$ 13.00	\$ 13.00	\$ 13.00	\$ 13.00	\$ 13.00	\$ 13.00	\$ 13.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) <b>2C</b>																

### Part III Covered Individuals

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) First name, middle initial, last name	(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				<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"/>
19				<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"/>
20				<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"/>
21				<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"/>
22				<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"/>
23				<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"/>

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