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 for instructions and the latest information.

OMB No. 1545-2251

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			Arha	Vinitha	Shruthin Reddy	First name, middle initial, last name	(a) Name of covered individual(s)	Part III Cover	17 ZIP Code	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	15 Employee Required Contribution (see	14 Offer of Coverage (enter required code)		Part II Empl	1유	4 City or town	3 Street address (including apartment no.) 9735 GARAMONT PKWY NW	1 Name of employee (first n SHRUTHIN REDDY	Part Emp
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