Form 1095-C Employer-Provided Health Insurance Offer and Coverage

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OMB. No. 1545-2251

Department of the Treasury Internal Revenue Service				Do not attach to your tax return. Keep for your records.  Go to www.irs.gov/Form1095C for instructions and the latest information.							CORRECTED 20							23	23		
Part I Em	ployee	長多 三年紀 2月										cable Large Employer Member (Employer)									
1 Name of employee (first name, middle initial, last name)					2 Social security number (SSN)			7 Name of employer								8 Employeridentificationnumber(EIN)					
Amulya Nadakuditi			XXX-XX-7100			Cognizant Technology Solutions US Corp								13-3924155							
3 Street address (including apartment no.)  1 Stockton Ln				Topicability	Tonging to the control of the contro	Macally Special Specia	Street address (including room or suite no.)  211 Quality Circle							9733689700 x428434							
4 City or town 5 State or province				6 Country and ZIP or foreign postal code			11 City or town			12 State or province					13 Country and ZIP or foreign postal code						
Hatboro	Hathoro PA			446	U	S 19040-1343	185513 61	College Station			TX					US 77845					
Part II Employee Offer of Coverage		238	Employee's Age on J						Plan Start Month (Enter 2-				r 2-dig	digit number):		01	1				
SARAFASAS AS A	All 12 Mont		149	Feb	Mar	Apr	May	June	10000	July	1	Aug	Se	pt	Oct	t	Nov		Dec		
14 Offer of Coverage (enter required code)	1A	OUR STREET	4 1018 C	All cares	Manager Manage			10 10 10 10 10 10 10 10 10 10 10 10 10 1	AND THE STATE OF T	STATE OF STA							- 4	ing syaid and and and and and and and and and an			
15 Employee Required Contribution (see instructions)	\$	\$	\$	THE STREET STREET	\$	\$	\$	\$	\$		\$		\$		5	\$		\$			
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2G	Addr. Strain	Tion work	1007			And the state of t	A DESCRIPTION OF THE PROPERTY		#6#29 #8#29						Spead					
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(a) Name of covered individual(s) First name, middle initial, last name		(b) SSN other 7		(c) DOB (if SSN or other TIN is	(d) Covered			100	A			(e) Months of Coverage		Com	t Oct	Nov	Des				
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