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Form **1095-B**

Department of the Treasury
Internal Revenue Service

# Health Coverage

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

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

☐ VOID

☐ CORRECTED

OMB No. 1545-2252

**2023**

## Part I Responsible Individual

| 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) |
|---|---|---|---|---|
| SHORYAVARD | | POTTURU | | 08/23/2013 |
| **4** Street address (including apartment no.) | **5** City or town | | **6** State or province | **7** Country and ZIP or foreign postal code |
| 104 TEN EYCK PL APT 11 | GUILDERLAND | | NY | 12084 |
| **8** Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . . . C | | | **9** Reserved | |

## Part II Information About Certain Employer-Sponsored Coverage (see instructions)

| 10 Employer name | | | 11 Employer identification number (EIN) |
|---|---|---|---|
| | | | |
| **12** Street address (including room or suite no.) | **13** City or town | **14** State or province | **15** Country and ZIP or foreign postal code |
| | | | |

## Part III Issuer or Other Coverage Provider (see instructions)

| 16 Name | | 17 Employer identification number (EIN) | 18 Contact telephone number |
|---|---|---|---|
| NEW YORK STATE DEPARTMENT OF HEALTH | | 14-6013200 | (855) 766-7860 |
| **19** Street address (including room or suite no.) | **20** City or town | **21** State or province | **22** Country and ZIP or foreign postal code |
| 110 STATE STREET | ALBANY | NY | 12236 |

## Part IV Covered Individuals (Enter the information for each covered individual.)

| (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 | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| SHORYAVARD | POTTURU | | 08/23/2013 | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **23** | | | | | | | | | | | | | | | | |
| **24** | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **25** | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **26** | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **27** | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **28** | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |