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42-1411715	Applicable Large Employer Member (Employer) identification number (EIN)			Employee first name, middle initial, last name, address, ZIP/foreign postal code & country Gurru R Madam Setty 910 NE Badger In Waukee IA 50263 USA				Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.			West Des Moines, IA 50266-5950 Conlact Elephone Number (515) 453-3918			5400 University Avenue	mar Financial Group, Inc.	Applicable Large Employer Member (Employer) Name, Street address (including room or suite no.), City or Town, State or province. Country and ZIP or foreign postal code and Contact telephone number.		MOA DETENT
XXX-XX-3983	Employee Social Security number (SSN) xxx-xx-3983				ess. ZIP/foreign postal code & country				Keep for your records. 95C for instructions rmation.									CORRECTED
Dec	Nov	Oct	Sept	Aug	July	June	Contra	Mav	Apr	Mar		Feb	Jan	All 12 Marks	01	Plan Sturi Month (Enter	Part II	MO
								Ţ						1A	(enter required code)	14 Offer of Coverage	Employee Offer of Coverage	OMB No. 1545-2251
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														20	applicable)	16 Section 4980H Safe Harbor and Other	Employee's Age on January 1 37	2023
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	۰	Revenue Service	Treasury - Internal	Downtont of the			_1	Cat. No. 60705M	instructions	scparate	Notice, see	Paperwork Reduction Act	Act and	E Division		and Coverage	Health Insurance Offer	95-C

30	29	28	27	26	İ	25	24	23	22	21	20	19	18		ROW III	William
											AARNIKA S MADAMSETTY	AARADHYA MADAMSETTY	Guru R Madam Setty	(a) Name of covered individual(s) First name, middle initial, last name	Г	Covered Individuals - If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.
											XXX-XX-0992	XXX-XX-3109	XXX-XX-3983	(D) GOLA OF OTHER VITA	(L) SON OF OTHER TIM	d self-insured coverage, chec
														TIN is not available)	(c) DOB OF SSN or other	k the box and enter the informa
											×	×	×	all 12 months	(d) Covered	tion for each ind
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