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					Khushboo	(a) Name of First name, n	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 Emplo	JERSEY CITY	4 City or town	40 NEWPORT PKWY APT 2414	3 Street address (including apartment no.)	KHUSHBOO TE KANANI		Para Employee	<b>ग⊼</b> -	1095-0
					<u>~</u>	(a) Name of covered individua(s) First name, middle initial, last name	Covered Individuals If Employer provided se					All 12 Months	yee Offer		51	PKWY AP	luding apartme	eirst name, m	300	VAA	sury	
					Kanani	idua(s) st name	led self-insu		2A	₩	Î	Jan	<b>Employee Offer of Coverage</b>		5 State or province	T 2414	int no.)	KANANI				Emp
					**	(b) SSN c	red coverage		2A	es.	主	Feb	ge	Z	Ce			namej			Go to ww	loyer-Pr
					****_**_1600	(b) SSN or other TIN	e, check the		2A	<del>(A)</del>	Ĥ	Mar			6 Country				3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Do not attach W.irs.gov/For	ovided H
						(c) DOB (if SSN or other (d) Covered TIN is not available) all 12 months	Covered Individuals  If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee		2A	<del>(S)</del>	1	Apr	Employee	07310-1522	6 Country and ZIP or foreign postal code			****-1600	sacrist, numbe		Do not attach to your tax return. Keep for your records.  Go to www./rs.gov/Form1095C for instructions and the latest information.	Employer-Provided Health Insurance Offer and Covera
						tother (d) Covered able) all 12 months	er the inform		2A	G	1H	May	Employee's Age on January 1	22				00	ICCNI)		eturn. Keep f	surance
						red nths Jan	lation for ea		2D	<del>()</del>	Î	June	lanuary 1	HIGHLANDS RANCH	11 City or town	630 PLAZA DRIVE	9 Street address (including room or	ARCADIS U.S., INC	7 Name of amployer		or your rec	Offer a
						Feb	ach inc			<del>69</del>				NDS F	3	ZA DF	ress (nc	S U.S.	molower	Applic	ords. st inform	and
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Form 1095-C (2023)

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