Employer-Provided Health Insurance Po not attach to your tax return. Keep								for your records.									OMB No. 1545-2251			
rnal Revenue Service			► Go to www	.irs.gov/For	m1095C for instru	ictions a	nd the late	st infor	mation.	1999						2	918	3		
1 Name of employee (first name, middle initial, last name) NAGAHEMANTH KOSANAM 2 Social securi					security number (SSI ****-**-7787	N)	NTT DATA, INC.								nployer) 8 Employer identification number (04-2437166					
FREEDOM	0 1	urient no.)					9 Street ad			om or sui	te no.)			10		telephon				
City or town 5 State or province MONTPELIER VT Part II Employee Offer of Coverage			VT	6 Country	ry and ZIP or foreign postal code 05602-3351		1 City or town BOSTON 12 State or p			ate or pr	rovince			(469) 782-3130 13 Country and ZIP or foreign postal of 02129						
	All 12 Mont		reb Feb				Plan Sta	rt Mo	nth (en	ter 2-di	git num		19.800			021				
Offer of verage (enter uired code)	All 12 WOIL	1K	1K	Mar 1K	Apr 1K	May 1K	June 1K	June 1K			Aug 1K	Sept 1K		Oct 1K		Nov 1K		Dec 1K		
Employee quired ntribution (see tructions)		\$ 44.45	\$ 44.45	\$ 44.45	5 \$ 44.45 \$	44.45	is 44.	45 \$	44.4	5 \$	44.45	¢ 4	4.45	44	.45 \$	44.4	5.0	44.		
Section 4980H e Harbor and er Relief (enter le, if applicable)		2C	2C	2C	2C	2C	2C		2C		2C	20		2C		2C		2C		
art III Cove	red Ind	ividuals	rad sources	ala a ala Mara																
(a) Name	on covered	ovided self-insu	red coverage	, check the	box and enter tr	ne inform	ation for e	each inc	laubivib	anrolla										
First name,	middle init	ndividual(s)	(b) SSN or	other TIN	(c) DOB (if SSN or othe	r (d) Cover	red				(e	Months	of Cover	ng the	employ	ee.	7			
NagaHema		Kosanam	(b) SSN or	other TIN	(c) DOB (if SSN or othe TIN is not available)	r (d) Cover all 12 mor	red	Feb	Mar	Apr	May	Months June	of Cover. July	Aug	Sept	Oct	Nov	D		
First name,		al, last name	(b) SSN or	other TIN	(c) DOB (if SSN or othe	r (d) Cover	red	Feb	Mar	Apr	May	June June	of Cover	Aug	Sept	Oct	Nov			
First name,		al, last name	(b) SSN or	other TIN	(c) DOB (if SSN or othe	r (d) Cover	red	Feb	Mar	Apr	May	June June	of Cover	Aug	Sept	Oct	Nov			
First name,		al, last name	(b) SSN or	other TIN	(c) DOB (if SSN or othe	r (d) Cover	red	Feb	Mar	Apr	May	June June	of Cover	Aug	Sept	Oct	Nov			
First name,		al, last name	(b) SSN or	other TIN	(c) DOB (if SSN or othe	r (d) Cover	red	Feb	Mar	Apr	May	June June	of Cover	Aug	Sept	Oct	Nov			