Form 1095-C

Part I

1 Name of employee

89 LOFT DRIVE

MARTINSVILLE

14 Offer of Coverage

(enter required code)

15 Employee Required
Contribution (see
instructions)

16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)

Part III

4 City or town

Part II

KARUPPIAH VADIVEL

3 Street address (including apartment no.)

Employer-Provided Health Insurance Offer and Coverage

d) Covered

all 12 months

2 Social security number (SSN)

6 Country and ZIP or foreign postal code

(c) DOB (if SSN is not

082-19-5908

Mar

Department of the Treasury
Internal Revenue Service
Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

5 State or province

Employee Offer and Coverage

Feb

Covered Individuals If Employer Provided self-insured coverage

(b) SSN

check the box and enter the information for each covered individual

Employee

All 12 Months

1E

\$50.00

(a) Name of covered individuals

7 Name of employer								8 Employer Identification Number (EIN)									
Patel Consultants Corporation								22-2120360									
		cluding roo	m or suite		10 Contact Telephone Number												
	ris Avenue	•			(908) 964-7575												
11 City or town Union				12 State or province				13 Country and ZIP or foreign postal code 07083									
June July				Aug	Sep	t	Oct		Nov	Dec							
				(4	e) Months	of Coveraç	je										
Jan	Feb	Mar	Apr	(« May	e) Months	of Coveraç July	ge Aug	Sept	Oct	Nov	D						
Jan	Feb	Mar	Apr		Γ		т	Sept	Oct	Nov	D						
Jan	Feb	Mar	Apr		Γ		т	Sept	Oct	Nov	D						
Jan	Feb	Mar	Apr		Γ		т	Sept	Oct	Nov	D						
Jan	Feb	Mar	Apr		Γ		т	Sept	Oct	Nov							
Jan	Feb	Mar	Apr		Γ		т	Sept	Oct	Nov							

Form 1095-C

Employer-Provided Health Insurance Offer and Coverage Information about Form 1095-C and its separate instructions

VOID

600117 OMB No. 1545-2251

Internal Revenue Service		is at w	ww.irs.gov/fo	orm1095	ōc							Luna	COR	HEUTE		2	017			
Part I Employee								Applicable Large Employer Member (Employer)												
1 Name of employee			12	Social sec	curity number (SSN)		7 Name	of employe	er		85. 101		*	8 Fm	plover Ider	tification N	lumber (FII	V)		
SUJATHA MURUGAIAH 516-71-4790							Patel Consultants Corporation								8 Employer Identification Number (EIN) 22-2120360					
3 Street address (including apartment no.)								9 Street address (including room or suite no.)								10 Contact Telephone Number				
89 LOFT DRIVE							1525 Mo	1525 Morris Avenue							(908) 964-7575					
4 City or town	5 State or province			6 Country and ZIP or foreign postal code			11 City o	11 City or town 12 State or					te or province			13 Country and ZIP or foreign postal code				
MARTINSVILLE	INSVILLE NJ			08836			Union	Union					NJ			07083				
Part II	Employee	Offer and	d Coverag	е																
	All 12 Months Jan		Feb Mar		Apr	Мау	Ju	June			Aug		ot	Oct		Nov		ec		
14 Offer of Coverage (enter required code)	1E																			
15 Employee Required Contribution (see instructions)																				
	\$50.00																			
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C																			
Part III					ed self-insured coverach covered individua															
(a) Name of covered individuals (b)			(b) cc:	(c) DOB (if SSN is not		d) Covered all 12		(e) Months of Coverage												
(a) Name of Covered individuals		(b) SS1	N	available)	months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
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