VAFIRSO2 COMB (1775) 20180117B0B J9F3 20180112 065607 (1778) Env [21,110] 2 of 3

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OMB No. 1545-2252 94179

Department of the Treasury Internal Revenue Service

> ➤ Do not attach to your tax return. Keep for your records. Health Coverage

▶ Go to www.irs.gov/Form1095B for instructions and the latest information. CORRECTED 2017

27	26	25	24	SAGNIK DEY		(a) Name of covered individual(s)	Part IV Covered Individuals (Enter the information for each covered individual.)	120 MONUMENT CIRCLE	19 Street address (including room or suite no.)	BLUE CROSS OF CALIFORNIA	16 Name	Part III Issuer or Othor Company	12 Street address (including room or suite no.) 3150 ALMADEN EXPY #145	WALKWATER TECHNOLOGIES	Part II Information about Certain Employer-Sponsored Coverage (see instructions)	8 Enter letter identifying Origin of the Health Coverage (see instructions for codes):	4 Street address (including apartment no.) 135 RIO ROBLES EAST APART MENT 1	Name of responsible individual SAGNIK DEY	Hesponsible individual
				****1624		(b) SSN or other TIN	e information for		20		ovider (see instru		13		oloyer-Sponsore	age (see instructions f			
						(c) DOB (If SSN or other TIN is not available)	each covered ind		O City or town		ictions)	OTATA JOOL	3 City or town		d Coverage (see i	or codes):	SAN JOSE		
						(d) Covered all 12 months	lividual.)								nstruction	▶ B			
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				×	Feb				State or	95-3760980	Employer identification number (EIN)	-	14 State or province	000		Reserved	State or province A	Social security number (SSN) or other TIN *****1624	
				×	Mar				or province)980	ridentifica		province			Total of	rovince	urity numl	
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					Sep			0.00	Country and ZIP or foreign postal code	7248	Contact telephone number		Country and ZIP or foreign postal code	Employer identification number (EIN) ****9826			Country and ZIP or foreign postal code 134	SSN or ot	
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Form 1095-B Department of the Treasury	► Do not attach to your tax return. Keep for your records.	Health Coverage Po not attach to your tax return. Keep for your records.	records.	CORRECTED	20 17
Part I Responsible Individual			9 Contil County		
Name of responsible individual			***-**-1624		3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.)	5 City or town	7	State or p	7 Country and ZIP	Country and ZIP or foreign postal code
135 RIO ROBLES E UNIT 161	SAN JOSE		CA	95134	
8 Enter letter identifying Origin of the H	8 Enter letter identifying Origin of the Health Coverage (see instructions for codes):		9 Reserved		
Part II Information About Co	Information About Certain Employer-Sponsored Coverage (see instructions)	verage (see instruction	ns)		
oyer				11 Employer identifi	Employer identification number (EIN)
THINKBYTE CONSULTING INC					1538
12 Street address (including room or suite no.)	5.) 13 City or town		14 State or province	15 Country and ZIP	A 95050
Sign	Carried Carrie				
Fair III Issuer or Other Cove	Issuer or Other Coverage Provider (See Illstructions)		17 Employer identification number (EIN)	18 Contact telephone number	ne number
Kaiser Foundation Health Plan			941340523	844-4	844-477-0450
19 Street address (including room or suite no.)	c.) 20 City or town		21 State or province	22 Country and ZIP	Country and ZIP or foreign postal code
One Kaiser Plaza 15L	Oakland		CA	United States	United States of Affield OS 94012
Part IV Covered Individuals	Covered Individuals (Enter the information for each covered individual.	vered individual.)			
(a)	(b) SSN or other TIN (c) DOB (TIN is 1	(c) DOB (if SSN or other (d) Covered TIN is not available) all 12morts	(e) Mo	(e) Months of coverage	
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23 SAGNIK DEY	***-**-1624]			
8					
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27					
28 For Privacy Act and Paperwork Reduc	28 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	ns.	Cat. No. 60704B		Form 1095-15 (2017)