

Tequipment Inc
7 Norden Lane
Huntington Station NY, 11746

Rai Bedi
200 Greenbelt Parkway
HOLTSVILLE, NY 11742

Form **1095-C**
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

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

> Go to www.irs.gov/Form1095C for instructions and the latest information.

☐ VOID

☐ CORRECTED

600120
OMB No. 1545-2251

2023

Part I Employee						Applicable Large Employer Member (Employer)								
1 Name of employee (first name, middle initial, last name) Raj J Bedi			2 Social security number (SSN) 128-86-4316			7 Name of employer Tequipment Inc			8 Employer identification number (EIN) 11-2266592					
3 Street address (including apartment no.) 200 Greenbelt Parkway						9 Street address (including room or suite no.) 7 Norden Lane			10 Contact telephone number 877-455-9369 x1105					
4 City or town HOLTSVILLE		5 State or province NY		6 Country and ZIP or foreign postal code US 11742		11 City or town Huntington Station		12 State or province NY		13 Country and ZIP or foreign postal code US 11746				
Part II Employee Offer of Coverage					Employee's Age on January 1					Plan Start Month (Enter 2-digit number): 04				
14 Offer of Coverage (Enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
	1E													
15 Employee Required Contribution (see instructions)	\$	\$142.46	\$142.46	\$142.46	\$157.97	\$157.97	\$157.97	\$157.97	\$157.97	\$157.97	\$157.97	\$157.97	\$157.97	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C													
17 Zip Code														

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No 60705M

Form **1095-C** (2023)

1 of 1

Part III

Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

X

(a) Name of covered individual(s) First name, middle initial, last name			b) SSN or other TIN	(c) DOB (If SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
						Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18	Raj	J	Bedi	128-86-4316		X											
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	