

Form

Department of the Treasury  
Internal Revenue Service

## Employer-Provided Health Insurance Offer and Coverage

► Information about Form 1095-C and its separate instructions is at [www.irs.gov/pub/irs-pdf/i109495c.pdf](http://www.irs.gov/pub/irs-pdf/i109495c.pdf)

Part I	Employee
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## Applicable Large Employer Member (Employer)

1 Name of employee GIOVANNY CARDOSO		2 Social security number (SSN) ***-**-0693		7 Name of employer BURLINGTON COUNTY		8 Employer identification number (EIN) 216000107	
3 Street address (including apartment no.) 325 MILL STREET				9 Street address (including room or suite no.) 49 RANCOCAS RD.		10 Contact telephone number 609-265-5019	
4 City or town MOUNT HOLLY	5 State or province NJ	6 Country and ZIP or foreign postal code 08060		11 City or town MOUNT HOLLY	12 State or province NJ	13 Country and ZIP or foreign postal code 08060	

## Part II Employee Offer and Coverage

[illegible]

## Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

[illegible]