Form 1095-C
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

Pari	Part I Employee													Applicable Large Employer Member (Employer)															
1 Nan	1 Name of employee 2 Social security number (SSN)													7 Name of employer 8 Employer identification number													ber (EIN		
GIOV	'ANNY C	AR	RDOSO							**	*-**-0693		E	BUF	RLING	ΓON	COUN	ITY						216000107					
3 Stre	et address (i	nclu	ıding apartr	ment n	0.)									9 Street address (including room or suite no.)											10 Contact telephone number				
325 N	IILL STRE	EET	Γ										4	49 RANCOCAS RD.											609-265-5019				
4 City or town 5 State or province								6 Country and ZIP or foreign postal code					1 -						2 State or province					13 Country and ZIP or foreign postal code					
MOUNT HOLLY NJ							08060					MOUNT HOLLY				NJ					08060								
Part	II Emp	olo	yee Off	er ar	nd Cov	eraç	ge		•				-																
All 12 Mor			All 12 Months	ns Jan			Feb	Mar	Apr			May	June			July		Aug		Sept		Oct		Nov			Dec		
14 Offe Coverage required	4 Offer of Coverage (enter equired code)																												
of Lowe Monthly for Self-	/ Premium, -Only m Value	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.0	00	\$	0.00	\$ 0.	00	\$ 0	.00	\$	0.00	\$	0.00	
16 App Section Harbor if applic	olicable 4980H Safe (enter code, eable)																												
Part	Ⅲ Cov	ere	ed Indiv	ridua	als					•						•			•			•					•		
						ed co	verage (hec	k the ho	and	enter the	info	rmation fo	or e	ach co	vered	indivi	dual											
		, p.o.	, yo. p. o v.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J.100			011101 1110			<u> </u>					•										
	(a) Name	e of o	covered indi	ividual(:	s)		(b)	SSN		(c) DOB (If SSN is		(d) Covere								e) Months of Coverage									
							(-)			n	ot available)		all 12 mont	ns	Jan	Feb	Ma	ar	Apr	May	June	July	Aug	9	Sept	Oct	Nov	Dec	
17] [
18																		7] [
_																		_											
19] [
20] [
21]] [
22																		7						7 [