

1095-C

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

OMB No. 1545-2251

2020

Part I Employee

1 Name of employee (first name, middle initial, last name) Anupriya Rastogi		2 Social security number (SSN) 866-64-8155	7 Name of employer Global Bridge Infotech Inc		8 Employer identification number (EIN) 20-4590543
3 Street address (including apartment no.) 1370 Quail Run CT Apt 324			9 Street address (including room or suite no.) 5525 N MacArthur Blvd, Ste 670		10 Contact telephone number 319-298-2898
4 City or town Zionsville	5 State or province IN	6 Country and ZIP or foreign postal code 46077	11 City or town Irving	12 State or province TX	13 Country and ZIP or foreign postal code 75038

Part II Employee Offer and Coverage

14 Offer of Coverage (enter required code)	All 12 months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
		1E	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$ 308.15	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2F	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A
17 ZIP Code													

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. ☐

(a) Name of covered individual(s)	(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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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