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1095-B

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Department of the Treasury Internal Revenue Service

Health Coverage

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

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2020

OMB No. 1545-2252

Internal Rever	ue Service		K ILLERIES I	Go to www.irs.go	v/Form1095B for instri	uctions ar	nd the la	test infe	ormatio	n.											
Part I	Respon	sible	Individual																		
Name of responsible individual-First name, middle name, last name								2 Social security number (SSN) or other TIN					3 Date of birth (if SSN or other TIN is not available)								
KONSTANTIN A STANDARS ASSET DODGOVE SOURCE SANDER SHOUL GREDESKOUL									*****2207												
4 Street address (including apartment no.) 5 City or town								6 State or province					7 Country and ZIP or foreign postal code								
1113 CAROLINA ST 18 100 CONTROL TO 100 CONTROL SAN FRANCISCO								CA					94107								
8 Enter le	tter identifyi	ng Ori	gin of the Health Cov	verage (see instruction	ons for codes):		B 9	Reserve	d												
Part II	Informa	ation	About Certain	Employer-Spon	sored Coverage (s	ee instru	uctions)	L ZD C	6/5161	1.77	311912	200 58		POLICE	CHO.	21166116	ale of			
10 Employer name SEQUOIA ONE PEO LLC								redictives the toother for where						11 Employer identification number (EIN) *****6239							
12 Street ac	ddress (includ	ing roo	m or suite no.)	13 City or town			14 State or province					15 Country and ZIP or foreign postal code									
22 4TH STREET FLOOR 14 ATTN: PRE					SAN FRANCISCO			CA CA					94103								
Part III	Issuer	or Ot	her Coverage P	rovider (see ins	tructions)			H-Mari	De PIN	Stock #		L (C)		Har Plant	r Us up	athe 15a	I IS FRID	and the s			
16 Name								17 Employer identification number (EIN)					18 Contact telephone number								
BLUE CROS	S OF CALIF	ORNL	A	n stronggar.			95-3760980					1-(844)-205-3598									
19 Street ac	ddress (includ	ing roo	m or suite no.)	20 City or town			21 State or province					22 Country and ZIP or foreign postal code									
120 MONUM		-		INDIANAPOLIS			īN					46204-4903									
Part IV	Covere	d Inc	lividuals (Enter t	he information for	or each covered inc	lividual.)					1 13	3.3.50			10						
) Name of co		1. 하는 사람은 HENGER - 10 HTML - 10 THE TOTAL CONTROL OF	(b) SSN or other TII		1	1				(e) Months	of covera	ge							
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