

600120

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](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID

OMB No. 1545-2251

CORRECTED

**2020**

**Part I Employee**

1 Name of employee (first name, middle initial, last name) Komal Joshi		2 Social security number (SSN) xxx-xx-2096	7 Name of employer Kforce Inc		8 Employer identification number (EIN) 593264661
3 Street address (including apartment no.) 3198 Parkwood Blvd APT 21027			9 Street address (including room or suite no.) 1001 East Palm Ave Attn Benefits Department		10 Contact telephone number 866-807-5074
4 City or town Frisco	5 State or province TX	6 Country and ZIP or foreign postal code 75034	11 City or town Tampa	12 State or province FL	13 Country and ZIP or foreign postal code 33605

**Applicable Large Employer Member (Employer)**

**Part II Employee Offer of Coverage**

14 Offer of Coverage (enter required code)	Employee's Age on January 1												Plan Start Month (enter 2-digit number): 00		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
15 Employee Required Contribution (see instructions)	\$ 112.98	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
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** (2020)