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* for instructions and the latest information.

☐ VOID
☐ CORRECTED

OMB No. 1545-2251 600120

2020

0321417

Part I Employee

2 Social security number (SSN): ***-**-1013

Applicable Large Employer Member (Employer)

8 Employer identification number (EIN): 13-3937419

1 Name of employee (first name, middle initial, last name): SURYA N VUTUKURU

7 Name of employer: GOLDMAN SACHS SERVICES LLC (0775)

3 Street address (including apartment no.): 2820 SOUTH CLEMENT LANE 58

9 Street address (including room or suite no.): C/O GOLDMAN SACHS 200 WEST STREET

10 Contact telephone number: 877-454-7426

4 City or town: SALT LAKE CITY

5 State or province: UT

6 Country and ZIP or foreign postal code: 84115

11 City or town: NEW YORK

12 State or province: NY

13 Country and ZIP or foreign postal code: 10282

Part II Employee Offer of Coverage

Employee's Age on January 1

Plan Start Month (enter 2-digit number): 01

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

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

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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) First name, middle initial, last name	(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
SURYA N VUTUKURU	***-**-1013			X	X	X	X	X	X	X	X	X	X	X	X

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