

DATAEDGE INC
650 E DEVON AVE, SUITE 180
ITASCA IL 60143

SRINIVAS RAO CHIDIPOTHU
1285 PURPLE MOUNTAIN COVE
COLLIERVILLE TN 38017

Under the terms of the Affordable Care Act (ACA), your employer (or former employer) is required to provide you with the Form 1095-C enclosed here. This form includes information about the health insurance coverage offered to you and, if applicable, your spouse and dependents. You may receive multiple Forms 1095-C if you worked for multiple employers during the calendar year.

You are NOT required to include Form 1095-C with your personal income tax filing. However, you should keep Form 1095-C with your personal tax records as the required proof of the health insurance you maintained as the IRS can request the form from you at any time.

Covered individuals (you, your spouse, and your dependents) may also receive Form 1095-B from the health insurance carrier and/or employer. Form 1095-B reports information about the health insurance coverage offered or provided by your employer to these individuals.

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

2020

Part I Employee			Applicable Large Employer Member (Employer)		
1 Name of employee (first name, middle initial, last name) Srinivas Rao Chidipothu		2 Social security number (SSN) XXX-XX-1859	7 Name of employer Dataedge Inc		8 Employer identification number (EIN) 47-1042295
3 Street address (including apartment no.) 1285 Purple Mountain Cove			9 Street address (including room or suite no.) 650 E Devon Ave, Suite 180		10 Contact telephone number 847-886-4848
4 City or town Collierville	5 State or province TN	6 Country and ZIP or foreign postal code US, 38017	11 City or town Itasca	12 State or province IL	13 Country and ZIP or foreign postal code US, 60143

Part II Employee Offer of Coverage	Employee's Age on January 1												Plan Start Month (enter 2-digit number):
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	
14 Offer of Coverage (enter required code) 1E													
15 Employee Required Contribution (see instructions) \$ 263.88	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C													
17 ZIP Code 38017													

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

Cat. No. 60705M

Form **1095-C** (2020)

