Form **1095-C**Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

VOID
CORRECTED

600120 OMB No. 1545-2251 **2020**

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

► Go to www.irs.gov/Form1095C for instructions and the latest information

February 2, 2021

Andhus Technologies Inc 650 E Devon Ave Ste 131 Itasca, IL 60143

PART I Employee			Applicable Large Employer Member (Employer)							
1 Name of Employee		2 Social security number (SSN)	7 Name of employer	7 Name of employer						
Ashok Kumar Reddy Nimmanapalli		***-**-2410	Andhus Technologies Inc	51-0377935						
3 Street Address (including apartment no)		·	9 Street address (including room or suite no.)	10 Contact Telephone number						
3 Avalon Drive Apt # 3422			650 E Devon Ave Ste 131 630-438-5116							
4 City or town	5 State or province	6 Country and Zip or foreign postal code	11 City or town	12 State or province	e 13 Country and ZIP or foreign postal code					
Quincy	MA	02169	Itasca	60143						

PART II Employee Offer and Coverage				Employee's Age on January 1: 28				Plan Start Month(enter 2-digit number): 01					
14 Offer of Coverage (enter required code)	All 12 Months	All 12 Months January		March	April	May	June	July	August	September	October	November	December
		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$ 285.00	\$ 285.00	\$ 285.00	\$ 285.00	\$ 285.00	\$285.00	\$ 285.00	\$285.00	\$285.00	\$ 285.00	\$ 285.00	\$ 285.00
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)		2F	2F	2F	2F	2F	2F	2F	2F	2F	2F	2F	2F
17 ZIP Code													

Ashok Kumar Reddy Nimmanapalli 3 Avalon Drive Apt # 3422 Quincy, MA 02169

PART III Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each covered individual															
(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is Not available)	(d) Covered all 12 months	lan	T ob	Mor	Amr	May	(e) Months of		Aug	Con	Oct	Nov	Dec
18	(4)	Not available)	all 12 months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
19															
20															
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions

Cat. No. 60705M

Form **1095-C** (2020)

