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** 

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

PART I Employee			Applicable Large Employer Member (Employer)							
1 Name of Employee		2 Social security number (SSN)	7 Name of employer	8 Employer identification number (EIN)						
Sravani Polisetty		***-**-9328	Andhus Technologies Inc	51-0377935						
3 Street Address (including apartment no)		<u> </u>	9 Street address (including room or suite no.)	10 Contact Telephone number						
1848 woodhollow dr			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	13 Country and ZIP or foreign postal code					
Maryland Heights	MO	63043	Itasca	60143						

PART II Employee Offer and Coverage				Employee's Age on January 1: 27				Plan Start Month(enter 2-digit number): 01					
14 Offer of Coverage (enter required code)	All 12 Months	January	February	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
<b>16</b> Applicable Section 4980H Safe Harbor (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code													

Sravani Polisetty 1848 woodhollow dr Maryland Heights, MO 63043

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	(d) Covered						(e) Months o	f Coverage					
18	(3)	Not available)	all 12 months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Sravani Polisetty	***-**-9328														
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions

Cat. No. 60705M

Form **1095-C** (2020)

