E 1095-C Department of the Treas Internal Revenue Service	Liny	Employer-Provided Health Insuran Do not attach to your tax return. Keep for Go to www.irs.gov/Form1095C for instructions an					or your records.				CTED	OMB No. 1545-2251]50 P0075
Part I Employee					cial security number (S	SN) Ap	Applicable Large Employer Member (Employer)				8 Employer identification number (EIN) 31-0841368		
Name of employee (first name, middle initial, last name) CHETHAN GOUD BOMMAGANI							7 Name of employer						
3 Street address (including apartment no.) 1800 SHEPHERD CT, APT 112					US BANK NATIONAL ASSOCIATION 9 Street address (including room or suite no.) 4000 WEST BROADWAY							10 Contact telephone number	
City or town 5 State or province WAUKESHA WI			6 Country a 53186	nd ZIP or foreign posta	code 11 City	or town OBBINSDALE	12 State or province MN			800-806-7009 13 Country and ZIP or foreign postal cod 55422-2212			
Part II Employee Offer of Coverage				Employ	ee's Age on Janu			Plan Start Month (enter 2-digit number)					
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1н	1н	1н	1н	1H	1H	1H	1H	111	1H	1E
15 Employee Required Contribution (see instructions)	\$	s	\$	\$	s		g.	e	s	s			
16 Section 4980H Safe Harbor and Other Relief (enter code, f applicable)		2A	2A	2A	2A	2A	2A	2A	2A		\$	\$	\$ 85,58
17 ZIP Code						60 8 3	- Lin	2.8	ZA	2A	2A	2D	20
For Privacy Act and Pa	perwork Reduct	ion Act Notice, s	ee separate instruc	ctions.		Cat. No	. 60705M					Form	n 1095-C (2020)
												rom	11095-0 (2020)

P00350 Form 1095-C (2020) Page 3 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. (e) Months of coverage

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec (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 18 CHETHAN GOUD BOMMAGANI ***-**-4573 × 19 20 21 22 23 24 25 28 29 30

12 may

Form 1095-C (2020)