

VCN 0191 20610 00006236

000047436 J0587283

PPD DEVELOPMENT LP
929 NORTH FRONT STREET
WILMINGTON, NC 28401



VCNPNA95CPN0000030541A423A063

047436 RO9MET01 VCN 0191 20610 00006236
SWATHI NANDALA
1500 CARRINGTON PARK CIR
#205
MORRISVILLE, NC 27560

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

600118

VOID

CORRECTED

OMB No. 1545-2251

2019

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.

Part I Employee			Applicable Large Employer Member (Employer)								
1 Name of employee (first name, middle initial, last name) SWATHI NANDALA			2 Social security number (SSN) XXX-XX-5254			7 Name of employer PPD DEVELOPMENT LP			8 Employer identification number (EIN) 74-2325267		
3 Street address (including apartment no.) 1500 CARRINGTON PARK CIR			6 Country and ZIP or foreign postal code USA 27560			9 Street address (including room or suite no.) 929 NORTH FRONT STREET			10 Contact telephone number 910-558-7206		
4 City or town MORRISVILLE		5 State or province NC	6 Country and ZIP or foreign postal code USA 27560			11 City or town WILMINGTON		12 State or province NC		13 Country and ZIP or foreign postal code USA 28401	

Part II Employee Offer of Coverage	All 12 Months	Plan Start Month (enter 2-digit number) 01														
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
14 Offer of Coverage (enter required code) 1E																
15 Employee Required Contribution (see instructions) \$ 98.00 S	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C																

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. <input checked="" type="checkbox"/>												
(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	
17 SWATHI NANDALA	XXX-XX-5254		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Form 1095-C (2019)