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

600120
OMB No. 1545-2251
2020

Part I Employee

Field	Value
1 Name of employee (first name, middle initial, last name)	ASIT SAMANTRAY
2 Social security number (SSN)	***-**-2302
3 Street address (including apartment no.)	520 SANTA FE TRAIL APT NO 229
4 City or town	IRVING
5 State or province	TX
6 Country and ZIP or foreign postal code	75063

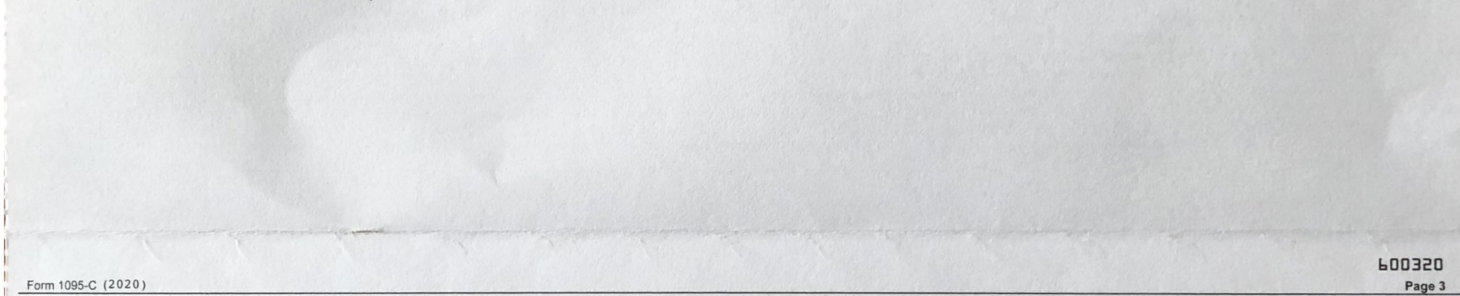
Applicable Large Employer Member (Employer)

Field	Value
7 Name of employer	WIPRO LIMITED
8 Employer identification number (EIN)	98-0154401
9 Street address (including room or suite no.)	2 TOWER CENTER BLVD STE 2200
10 Contact telephone number	833-253-7717
11 City or town	EAST BRUNSWICK
12 State or province	NJ
13 Country and ZIP or foreign postal code	08816

Part II Employee Offer of Coverage — Employee's Age on January 1 — **Plan Start Month** (enter 2-digit number): 01

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	$	$ 162.00	$ 162.00	$ 162.00	$ 162.00	$ 162.00	$ 162.00	$ 162.00	$ 162.00	$ 162.00	$ 162.00	$ 162.00	$ 162.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (2020)



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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. ☒

	(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	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18	ASIT SAMANTRAY	***-**-2302			X	X	X	X	X	X	X	X	X	X	X	X
19	MONALISHA RATH		1979-07-04		X	X	X	X	X	X	X	X	X	X	X	X
20	ADITYA SAMANTRAY		2010-06-04		X	X	X	X	X	X	X	X	X	X	X	X
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																

(e) Months of coverage: Jan–Dec columns above.

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