



ABY 8888 418DF 000002247
 000035200 J0786617
 CARNIVAL CORPORATION
 3655 NW 87 AVENUE
 MIAMI, FL 33178



ABYPNA95CPN0000043581A421A274

035200 RO9MIK01 ABY 8888 418DF 000002247
 ESWAR ANILKUMAR MOGILI
 9595 FONTAINEBLEAU BLVD
 APT # 1706
 MIAMI, FL 33172

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

600120

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

OMB No. 1545-2251
2020

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) ESWAR ANILKUMAR MOGILI		2 Social security number (SSN) XXX-XX-4959		7 Name of employer CARNIVAL CORPORATION		8 Employer identification number (EIN) 59-1562976	
3 Street address (including apartment no.) 9595 FONTAINEBLEAU BLVD				9 Street address (including room or suite no.) 3655 NW 87 AVENUE		10 Contact telephone number 305-599-2600	
4 City or town MIAMI		5 State or province FL		6 Country and ZIP or foreign postal code USA 33172		11 City or town MIAMI	
						12 State or province FL	
						13 Country and ZIP or foreign postal code USA 33178	

14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see instructions)												16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
	1H	1H	1H	1H	1E	1H	1H	1H	1H	1H	1H	1H	1H		
	\$	\$	\$	\$	\$	\$ 91.30	\$	\$	\$	\$	\$	\$	\$		
	2D	2D	2D	2D	2C	2A	2A	2A	2A	2A	2A	2A	2A		

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
18	ESWAR ANILKUMAR MOGIL	XXX-XX-4959		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>
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"/>
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"/>
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"/>
23				<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"/>

S 035200 RO9MIK01 U35200 E

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.

BANK OF AMERICA, N.A.
CARNIVAL FUN SHIP SAVINGS PLAN
P.O. BOX 1551
PENNINGTON, NJ 08534-0737

TX 000000 631 966 046935 #01 AB 0.419

MOGILI, ESWAR ANILKUMAR
9595 FONTAINEBLEAU BLVD
APT 1706
MIAMI FL 33172

Account number (see instructions)		609567	<input type="checkbox"/> CORRECTED
1 Gross distribution	PAYER'S TIN		2020 Form 1099-R
\$ 837.53	94-1687665		
2a Taxable amount	RECIPIENT'S TIN		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
\$ 837.53	XXX-XX-4959		
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>		Copy 1 For State, City, or Local Tax Department
3 Capital gain (included in box 2a)	4 Federal income tax withheld		
\$	\$ 167.51		10 Amount allocable to IRR within 5 years
5 Employee contributions /Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		11 1st year of desig. Roth contrib.
\$	\$		\$
7 Distribution code(s) 1	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$	%
9a Your percentage of total distribution %	9b Total employee contributions \$		12 FATCA filing requirement <input type="checkbox"/>
13 Date of payment	14 State tax withheld \$		15 State/Payer's state no. FL
16 State distribution \$	17 Local tax withheld \$	18 Name of locality	19 Local distribution \$

www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.

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CARNIVAL FUN SHIP SAVINGS PLAN
P.O. BOX 1551
PENNINGTON, NJ 08534-0737

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

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\$ 837.53	XXX-XX-4959		
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
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www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service



www.benefits.ml.com
 FOR ACCOUNT HISTORY, INVESTMENT PERFORMANCE AND MORE
 SUMMARY OF YOUR PLAN July 01, 2020 - September 30, 2020

Carnival Cruise Line
 MOGILL, ESWAR ANILKUMAR



992082
 MOGILL, ESWAR ANILKUMAR
 9595 FontaineBleau Blvd
 APT # 1706
 Miami, FL 33172

TOTAL AGGREGATE PLAN VALUE
\$822.34

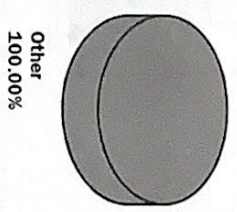
Total aggregate plan value of plans displayed on this statement, as calculated according to the terms and conditions of each plan. Value includes your 401(k) Plan(s) and all outstanding loans.

401(K) PLAN

	Beginning Balance	Ending Balance	Vested Balance	Cumulative Return % For This Period
Fun Ship Savings Plan	\$765.47	\$822.34	\$822.34	7.43%

TOTAL CURRENT VALUE: \$822.34

ASSET ALLOCATION



IMPORTANT INFORMATION

Take control of your financial life
 With the Financial Wellness Tracker on Benefits Online(R), you can take steps to help improve your financial health. To get the most of this new experience, first review the checklist at go.ml.com/FWchecklist, then access your account at benefits.ml.com. After logging in, select the Financial Wellness tab to take the assessment. It only takes about 10 minutes!

Please review your statement and advise Merrill if you find discrepancies in your personal or account information. If we do not hear from you within 60 days, we will assume that all information is correct.

TO CONTACT MERRILL
www.benefits.ml.com
 (800) 228-4015, 8 AM - 7 PM ET
 Outside USA: (609) 818-8812
 TDD (hearing impaired):
 (866) 657-3323



MERRILL
 A BANK OF AMERICA COMPANY



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1 | SUMMARY OF YOUR PLANS

ACTIVITY DETAIL July 01, 2020 - September 30, 2020

Carnival Cruise Line
MOGILI, ESWAR ANILKUMAR

401(K) PLAN

CONTRIBUTIONS AND ACTIVITY FOR THIS PERIOD

Beginning Balance	\$785.47
Other Activity	
Interest, Dividends/Other Credits	0.00
Withdrawals/Debits	0.00
Total Other Activity	0.00
Change In Value	56.87
Ending Balance	\$822.34
Vested Balance	\$822.34

CONTRIBUTIONS THIS YEAR

Employee Contributions	\$443.25
Employer Contributions	295.50
Total Contributions	\$738.75

INVESTMENT SUMMARY

CURRENT INVESTMENT DIRECTION

Investment (Symbol)	Employee Pre-Tax	Beginning Balance	Beginning Shares/Units	Ending Shares/Units	Ending Share/Unit Price(\$)	Investment Gain/Loss	Ending Balance
Other							
T Rowe Price Retirement 2055 Fund Inv Class (TRRNK)	100%	765.47	50.3268	50.3268	16.3400	56.87	\$822.34
Total	100%	\$785.47				\$56.87	\$822.34

YOUR SAVINGS ELECTIONS

Fun Ship Savings Plan	Pre-Tax Savings	3.00%
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YOUR PERSONAL INFORMATION

Hire Date: 01/13/2020

