

## Employer-Provided Health Insurance Offer and Coverage

▶ Do not attach to your tax return. Keep for your records.  
▶ Go to [www.irs.gov/form1095C](http://www.irs.gov/form1095C) for instructions and the latest information.

VOID  
 CORRECTED

OMB No. 1545-2251 600120

2020

<b>Part I Employee</b>		2 Social security number (SSN) XXX-XX-1131	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 31-1419869
1 Name of employee (first name, middle initial, last name) SHIVA S MYLA			7 Name of employer MACY'S SYSTEMS AND TECHNOLOGY, INC.		
3 Street address (including apartment no.) 4740 FALLOW LN			9 Street address (including room or suite no.) 7 WEST SEVENTH STREET		10 Contact telephone number 8559011222
4 City or town CUMMING	5 State or province GA	6 Country and ZIP or foreign postal code US 30040	11 City or town CINCINNATI	12 State or province OH	13 Country and ZIP or foreign postal code US 45202

Part II Employee Offer of Coverage		Employee's Age on January 1												Plan Start Month (enter 2-digit number): 07												
		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	1E												
15 Employee Required Contribution (see instructions)	\$	\$ 82.98	\$ 82.98	\$ 82.98	\$ 82.98	\$ 82.98	\$ 82.98	\$ 82.98	\$ 88.37	\$ 88.37	\$ 88.37	\$ 88.37	\$ 88.37	\$ 88.37												
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C																									
17 ZIP Code																										

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

Cat. No. 60705M

Form 1095-C (2020)

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	SHIVA S MYLA	XXX-XX-1131		X																
19	MOKSHAGNA MYLA	XXX-XX-0745		X																
20	UMA MYLA	XXX-XX-1159		X																
21	SRIANSH R MYLA	XXX-XX-7727		X																
22																				
23																				
24																				
25																				
26																				
27																				
28																				
29																				
30																				