

OneShare Health LLC  
 3701 Regent Blvd Suite 150  
 Irving TX, 75063

Sai Gana Jaiwant Pasupuleti  
 2501 Bill Moses Pkwy Apt 348  
 FARMERS BRANCH, TX 75234

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](http://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) <b>Sai Gana Jaiwant Pasupuleti</b>		2 Social security number (SSN) <b>209-13-5229</b>		7 Name of employer <b>OneShare Health LLC</b>				8 Employer identification number (EIN) <b>81-4389177</b>					
3 Street address (including apartment no.) <b>2501 Bill Moses Pkwy Apt 348</b>				9 Street address (including room or suite no.) <b>3701 Regent Blvd Suite 150</b>				10 Contact telephone number <b>682-651-7400</b>					
4 City or town <b>FARMERS BRANCH</b>		5 State or province <b>TX</b>		6 Country and ZIP or foreign postal code <b>US 75234</b>				11 City or town <b>Irving</b>		12 State or province <b>TX</b>		13 Country and ZIP or foreign postal code <b>US 75063</b>	
Part II Employee Offer of Coverage				Employee's Age on January 1					Plan Start Month (Enter 2-digit number): <b>06</b>				
14 Offer of Coverage (Enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	1A												
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												
17 Zip Code													

**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	(e) Months of Coverage													
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
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