

Genius Plaza Inc  
 990 Biscayne Blvd Unit 0-401 & 0-  
 Miami FL, 33132

Naveen Kumar Challa  
 10436 SW 118th Avenue  
 Miami, FL 33186

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>Naveen Kumar Challa</b>		2 Social security number (SSN) <b>221-91-6620</b>		7 Name of employer <b>Genius Plaza Inc</b>				8 Employer identification number (EIN) <b>27-4822341</b>					
3 Street address (including apartment no.) <b>10436 SW 118th Avenue</b>				9 Street address (including room or suite no.) <b>990 Biscayne Blvd Unit 0-401 &amp; 0-4</b>				10 Contact telephone number <b>305-677-2376</b>					
4 City or town <b>Miami</b>		5 State or province <b>FL</b>		6 Country and ZIP or foreign postal code <b>US 33186</b>				11 City or town <b>Miami</b>		12 State or province <b>FL</b>		13 Country and ZIP or foreign postal code <b>US 33132</b>	
Part II Employee Offer of Coverage				Employee's Age on January 1					Plan Start Month (Enter 2-digit number): <b>01</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		
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	