

INFOMERICA, INC.  
252 TOWNE VILLAGE DRIVE  
CARY NC 27513

SURESH SILLA  
16880 MADISON CIR  
CLIVE IA 50325

**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) Suresh		2 Social security number (SSN) XXX-XX-7486		7 Name of employer Infomerica, Inc.			8 Employer identification number (EIN) 56-2115138	
3 Street address (including apartment no.) 16880 Madison Cir				9 Street address (including room or suite no.) 252 Towne Village Drive			10 Contact telephone number (919) 489-0303	
4 City or town Clive		5 State or province IA	6 Country and ZIP or foreign postal code US 50325		11 City or town Cary		12 State or province NC	13 Country and ZIP or foreign postal code US 27513

14 Offer of Coverage (enter required code)	Employee's Age on January 1												Plan Start Month (enter 2-digit number):		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	01	
15 Employee Required Contribution (see instructions)	\$ 132.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)															
17 ZIP Code															