

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) ADITYA MANOJ YELISETTI			2 Social security number (SSN) 196-79-6486			7 Name of employer ICS GLOBAL SOFT INC			8 Employer identification number (EIN) 45-3734608		
3 Street address (including apartment no.) 8101 SHIN OAK DR APT13200						9 Street address (including room or suite no.) 1231 GREENWAY DR STE 375			10 Contact telephone number (972) 325-2565		
4 City or town LIVE OAK		5 State or province TX		6 Country and ZIP or foreign postal code 78233		11 City or town IRVING		12 State or province TX		13 Country and ZIP or foreign postal code 75038	

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	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
14 Offer of Coverage (enter required code) 1E															
15 Employee Required Contribution (see instructions) \$		\$ 128.63	\$ 128.63	\$ 128.63	\$ 128.63	\$ 128.63	\$ 128.63	\$ 121.91	\$ 121.91	\$ 121.91	\$ 121.91	\$ 121.91	\$ 121.91	\$ 121.91	\$ 121.91
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2F	2F	2F	2F	2F	2F	2F	2F	2F	2F	2F	2F	2F	2F
17 ZIP Code															

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

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