Form **1095-C**Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

VOID
CORRECTED

600120 OMB No. 1545-2251 **2020**

Performance Stamping Co Inc 20 Lake Marian Rd Carpentersville, IL 60110-1929 ▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095C for instructions and the latest

January 11, 2021

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PART I Employee			Applicable Large Employer Member (Employer)							
1 Name of Employee		2 Social security number (SSN)	7 Name of employer		8 Employer identification number (EIN)					
Vamsi Krishna Chalamalasetty		***-**-5431	Performance Stamping Co Inc	36-2735636						
3 Street Address (including apartment no)		·	9 Street address (including room or suite no.)	10 Contact Telephone number						
113 Willey St			20 Lake Marian Rd 847-649-5939							
4 City or town	5 State or province	6 Country and Zip or foreign postal code	11 City or town	12 State or province	13 Country and ZIP or foreign postal code					
Gilberts	IL	60136	Carpentersville	60110-1929						

PART II Employee Offer and Coverage					Employe	e's Age on	January 1:	26	Plan Start Month(enter 2-digit number): 01					
14 Offer of Coverage (enter required code)	All 12 Months	January	January February	March	April	May	June	July	August	September	October	November	December	
		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	\$	\$ 131.72	\$ 131.72	\$ 131.72	\$ 131.72	\$ 131.72	\$131.72	\$131.72	\$131.72	\$131.72	\$131.72	\$ 131.72	\$ 131.72	
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)		2F	2F	2F	2F	2F	2F	2F	2F	2F	2F	2F	2F	
17 ZIP Code														

Vamsi Krishna Chalamalasetty 113 Willey St Gilberts, IL 60136

PART III Covered Individu (a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is Not available)		ured coverage, check the box and enter the information for each covered individual											
18	(b) 3314	Not available)	all 12 months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
19															
20															
21															
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions

Cat. No. 60705M

Form **1095-C** (2020)

