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b Employer identification number		6 Medicare tax withheld	b E	mployer identification numbe	f 5 Medicare wage	s and tips	Medicare tax withheld		
37-6001351	36846.47	534.29	3.	7-6001351		36846.47	534.29		
c Employer's name, address, and	ZIP code		c E	mployer's name, address, and	d ZIP code	טראותט	DEDARTMENT		
MACOUPIN COUNT 805 NORTH BROA	Y PUBLIC HEALTH D STREET	DEPARTMENT	M2 80	ACOUPIN COUNT D5 NORTH BROA	ND STREET	HEALIR			
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18 Local wages, tips, etc. 19 Loc	cal income tax 20 Locality na	me	101	_ocal wages, tips, etc.					
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	2020		Form	Mana and Tay Statemen	2020				
Form W-2 Wage and Tax Statement	Conv. R. To Re Filed With	riment of the Treasury-Internal Revenue Service Employee's FEDERAL Tax Return.	rom	W-2 Wage and Tax Statemen	Copy 2 - To		partment of the Treasury-Internal Revenue Sen e's State, City, or Local Income Tax Retu		
				-1					
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37-6001351	36846.47	534.29		7 – 6001351 mployer's name, address, ar		36846.47	534.29		
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805 NORTH BROA	D STREET			ON HONIH DRUP	IN DIKEE	7			
	TT	62626- 1075	C	ARLINVILLE		IL	62626-1075		
CARLINVILLE	111								
e Employee's first name and initial	Last name GONUGUNTL	Suff.  A KAMMA		mployee's first name and init RAVEEN KUMAR		st name ONUGUNTL	Suff.  A KAMMA		
PRAVEEN KUMAR	***************************************			150 TRACE PAR					
6150 TRACE PAR	VMWI DKIAE			PT. #208					
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Department of the Treasury Internal Revenue Service  Form 1030-  Do not attach to you For www.irs.gov/Form1095C fo					CORRECTED  Ith Insurance Offer and Coverage or tax return. Keep for your records. or instructions and the latest information.									2020					
Part I Applicable Large Employer Member (Employer) (Lines 7-13) Employer's name, address, and ZIP code				For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.															
MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT				Employee (Lines 1-6)															
805 NORTH BROAD STREET				Social security number (SSN): 388-57-7126															
CARLINVI	LLE	I	L 6262	6 - 107	5							u Manda a							
Contact telephone number: (217) 825-6705				Employee's first name and middle initial Last name Suff.  PRAVEEN KUMAR GONUGUNTLA KAMMA															
					6150 TRACE PARKWAY DRIVE APT 208														
Employer identification number (EIN): 37-6001351				EDWARDSVILLE IL 62025															
Part II Em	ployee C	Offer of (	Coverage	a Em	nlovee	Employee Age on J	's address a	- Innerend			tart	Mon	th (	enter	2-d	iait n	umb	er):	10
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14 Offer of Coverage (enter	Months	Jan 1H	Feb 1H	Mar 1H	Apr 1H	May 1H	June 1H	July 1H	$\top$	Aug 1H	$\dashv$	Sep 1E		18	$\top$	1E	十	11	
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16 Section 1980H Safe Harbor and Other Relief (enter																2C			
code, if applicable)		2A	2A	2A	2A	2A	2A	2A	·	2B		20	-	20	-				2C
7 ZIP Code																			
					1.15	ge, check the box	and enter the ir	formation	for eac	h indivi	dual en	molled in	covera	ge, inclu	ding the	employ	yee.		
(a) Name of First name, r	covered indi niddle initial,	vidual(s) last name	(b	) SSN or other	er TIN (C) D	OB (if SSN or IN is not available	e all 12 months	Jan	Feb	Mar						Sept	Oct	Nov	De
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