

Optomi LLC
 1 Glenlake Parkway NE Suite 1250
 Atlanta GA, 30328

Ranadheer Poojari
 9959 E PeakView Ave Apt. W202
 Englewood, CO 80111

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

2019

Part I Employee				Applicable Large Employer Member (Employer)									
1 Name of employee (first name, middle initial, last name) Ranadheer Poojari		2 Social security number (SSN) 745-20-2933		7 Name of employer Optomi LLC				8 Employer identification number (EIN) 30-0747677					
3 Street address (including apartment no.) 9959 E PeakView Ave Apt. W202				9 Street address (including room or suite no.) 1 Glenlake Parkway NE Suite 1250				10 Contact telephone number 678-250-0839					
4 City or town Englewood		5 State or province CO		6 Country and ZIP or foreign postal code US 80111		11 City or town Atlanta		12 State or province GA		13 Country and ZIP or foreign postal code US 30328			
Part II Employee Offer of Coverage				Employee's Age on January 1					Plan Start Month (Enter 2-digit number): 01				
14 Offer of Coverage (Enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
		1H	1H	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$370.44	\$370.44	\$370.44	\$370.44	\$370.44	\$370.44	\$370.44	\$370.44	\$370.44	\$370.44
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2D	2D	2F	2F	2F	2F	2F	2F	2C	2C	2C	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		
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