

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.

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 CORRECTED

Part I Employee		2 Social security number (SSN) ***-**-4743	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 13-4086405
1 Name of employee (first name, middle initial, last name) TEJA REDDY GATLA			7 Name of employer THE DEPOSITORY TRUST & CLEARING CORPORATION		
3 Street address (including apartment no.) 19240 MOSSY PINE DR			9 Street address (including room or suite no.) 55 WATER STREET		
4 City or town TAMPA	5 State or province FL	6 Country and ZIP or foreign postal code 33647	11 City or town NEW YORK	12 State or province NY	10 Contact telephone number 855-800-3822
			13 Country and ZIP or foreign postal code 10041		

Part II Employee Offer of Coverage		Employee's Age on January 1				Plan Start Month (enter 2-digit number): 01									
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E		
15 Employee Required Contribution (see instructions)	\$	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18	\$ 148.18		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C		
17 ZIP Code															

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2021)

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
18	TEJA REDDY GATLA	***-**-4743			X	X	X	X	X	X	X	X	X	X	X	X
19	VINEELA CHOWDARY MUDDANA	***-**-8695			X	X	X	X	X	X	X	X	X	X	X	X
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