E 1095-C	ury	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.											OMB No	202	F00750		
Internal nevertice Service														202	. 1		
Part I Employee								Applicable Large Employer Member (Employer)									
1 Name of employee (first name, middle initial, last name) 2 Social security number (5						SSN)	7 Name of employer						8 Employer identification number (EIN)				
RAMAKRISHNA R MANDAPATI XXX-XX-0519 3 Street address (including apartment no.)							IBM CORPORATION						13-0871985				
							9 Street address (including room or suite no.)						10 Contact telephone number				
4 250 E RENNER RD APT 1328 4 City or town 5 State or province 6 Country and ZIP or foreign pc						tal code	ONE NEW ORCHARD ROAD						1-855-901-1222				
RICHARDSON TX			US 75082			11 City or town ARMONK 12 State or provin			1.5			13 Country and ZIP or foreign postal code					
Part II Employee Offer of Coverage Employee's Age on January								Plan Start Month (enter 2-digit number): 01					US 10504				
	All 12 Months	ths Jan Feb		Mar Apr		May		June July		Aug Sept		Oct		Nov Dec			
14 Offer of Coverage (enter required code)	1H													1407	Oec		
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$		\$	\$	\$	\$	\$		\$	\$		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2 A	2A	2A	. 2	2 A	2A	2A	2A	2 A	2A		2A	2D		
17 ZIP Code													\neg				
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.							Cat. No. 60705M					Form 1095-C (2021)					

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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. (e) Months of coverage (c) DOB (if SSN or other TIN is not available) (d) Covered all 12 months (b) SSN or other TIN (a) Name of covered individual(s) First name, middle initial, last name Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec × 18 RAMAKRISHNA R MANDAPATI XXX-XX-0519 19 20 21 22 23 24 25 26 27 28 29

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