## **Employer-Provided Health Insurance Offer and Coverage**

► Go to wwi	<b>*</b>	
► Go to www.irs.gov/Form1095C for instructions and the latest information.	▶ Do not attach to your tax return. Keep for your records.	
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VOID

OMB No. 1545-2251

Other Relief (enter code, if applicable)			15 Employee Required Contribution (see instructions)  \$11.12	14 Offer of Coverage (enter 1E required code)	All 12 Months	Part II Employee Offer of Coverage	MILPITAS CA	4 City or town 5 State	1102 S ABEL ST APT 343	3 Street address (including apartment no.)	VENKATA S	1 Name of employee (first name, middle initial, last name)	Part I Employee	Internal Revenue Service	Form I GUG Treasury			
					Jan Feb	Coverage		5 State or province		.)	MANDALA	nitial, last name)		▶ Go to	<b>→</b>			
					Mar		US 95035	6 Country			*	2 Social s		➤ Go to www.irs.gov/Form1095C for instructions and the latest information.	▶ Do not attach			
					Apr	Employee's Age on January 1	5035	035	035	6 Country and ZIP or foreign postal code	and ZIP or foreign po			XXX-XX-5994	Social security number (SSN)		1095C for instru	➤ Do not attach to your tax return. Keep for your records.
					May	ge on Janu	유		235	9 St	MIC			ctions and th	. Keep for yo			
					June	ary 1	CHANDLER	11 City or town	2355 WEST CHANDLER BLVD	9 Street address (including room or suite no.)	MICROCHIP TECHNOLOGY INC.	7 Name of employer	Appli	e latest infor	ur records.			
					July	-		-	HANDLER	cluding room or	ECHNOL		cable Lar	mation.				
+					Aug	Plan Start	ARIZONA	12 State or province	BLVD	suite no.)	DGY INC.		je Employ		. 1			
				Sept	Plan Start Month (enter 2-digit number): 01		nce					Applicable Large Employer Member (Employer)		CORRECTED				
					Oct	r 2-digit nu	3 SU	13 Count		10 Conta		8 Empl	(Employe		CTED			
					Nov	mber): 01	US 85224	13 Country and ZIP or foreign postal code	866-636-7935	10 Contact telephone number	86-0629024	8 Employer identification number (EIN)	Ť		®@ <b>3</b>			
					Dec			n postal code	)35	nber	24	number (EIN)			ĭ			