

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. 1545-2261
2021

600120

Part I Employee

1 Name of employee (first name, middle initial, last name) VENKATA S MANDALA		2 Social security number (SSN) XXX-XX-5994		7 Name of employer MICROCHIP TECHNOLOGY INC.		8 Employer identification number (EIN) 86-0629024	
3 Street address (including apartment no.) 1102 S ABEL ST APT 343		6 Country and ZIP or foreign postal code US 95035		9 Street address (including room or suite no.) 2355 WEST CHANDLER BLVD		10 Contact telephone number 866-636-7935	
4 City or town MILPITAS CA		5 State or province CA		11 City or town CHANDLER		13 Country and ZIP or foreign postal code US 85224	

Applicable Large Employer Member (Employer)

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)	Employee's Age on January 1												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$11.12												
16 Section 4980H Safe Harbor and Other Ruler (enter code, if applicable)	2C												
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form **1095-C** (2021)