

Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

VOID
 CORRECTED

600120
 OMB No. 1545-2251

2021

Part I Employee

1 Name of employee (first name, middle initial, last name) Siva K Thirumalasetty		2 Social security number (SSN) 318-55-0547
3 Street address (including apartment no.) 104 Heritage Rd Apt 1		
4 City or town Guilerland	5 State or province NY	6 Country and ZIP or foreign postal code 12084

Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May
14 Offer of Coverage (enter required code) 1A						
15 Employee Required Contribution (see instructions)						
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2G						
17 ZIP Code						

Part III Covered Individuals

If Employer Provided self-insured coverage

check the box and enter the information for each covered individual

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months
18			<input type="checkbox"/>
19			<input type="checkbox"/>
20			<input type="checkbox"/>
21			<input type="checkbox"/>
22			<input type="checkbox"/>
23			<input type="checkbox"/>

Applicable Large Employer Member (Employer)

7 Name of employer GCOM Software LLC		8 Employer Identification Number (EIN) 20-2902922
9 Street address (including room or suite no.) 24 Madison Ave Ext		10 Contact Telephone Number (518) 869-1671
11 City or town Albany	12 State or province NY	13 Country and ZIP or foreign postal code 12203

Employee's Age on January 1: _____ Plan Start Month: **01**

June	July	Aug	Sept	Oct	Nov	Dec

(e) Months of Coverage

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Form **1095-C** (2021)

11171 179 **1095-C**
 Siva Thirumalasetty
 104 Heritage Rd Apt 1
 Guilerland, NY 12084

GCOM Software LLC
 24 Madison Ave Ext
 Albany, NY 12203