

Form 1095-C

Department of the Treasury Internal Revenue Service

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. 1545-2251

2021

Part I Employee

Applicable Large Employer Member (Employee)

1 Name of employee (first name, middle initial, last name) **VISHNUPRIYA LODARI**

2 Social security number (SSN) **XXX-XX-5240**

3 Street address (including apartment no.) **22434 BRIGHT SKY DR**

4 City or town **CLARKSBURG** 5 State or province **MD** 6 Country and ZIP or foreign postal code **USA 20871**

7 Name of employer **LEIDOS INC**

8 Employer identification number (EIN) **95-3630868**

9 Street address (including room or suite no.) **1750 PRESIDENTS STREET**

10 Contact telephone number **855-553-4367**

11 City or town **RESTON** 12 State or province **VA** 13 Country and ZIP or foreign postal code **USA 20190**

Part II Employee Offer of Coverage

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

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.

18 (a) Name of covered individual(s) First name, middle initial, last name	19 (b) SSN or other TIN	20 (c) DOB (if SSN or other TIN is not available)	21 (d) Covered all 12 months	(e) Months of Coverage																
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec					
18 VISHNUPRIYA LODARI	19 XXX-XX-5240	20	21 <input checked="" type="checkbox"/>																	
19 RAGHUKUMAR THALVAYAPAR	20 XXX-XX-7761	21	21 <input checked="" type="checkbox"/>																	
20 RISHITHA THALVAYAPATI	21 XXX-XX-1159	22	21 <input checked="" type="checkbox"/>																	
21 SANJANA THALVAYAPATI	22 XXX-XX-9376	23	21 <input checked="" type="checkbox"/>																	