E 1095-	reasury	Employer-Provided Health Insuran Do not attach to your tax return. Keep for Go to www.irs.gov/Form1095C for instructions and						age [VOID CORR	ECTED	ON	OMB No. 1545-2251 6001			0150		
Internal Revenue Service Go to www.irs.gov/Form1095C for Insti						Applicable Large Employer Member (Employer)						8 Employer identification number (EIN) 94-1672743					
1 Name of employee NIKITHA T		initial, last name)			0200	7 Name of employer						74 10	727	43			
3 Street address (including apartment no.) 6370 SE GENROSA ST						INTEL CORPORATION 9 Street address (including room or suite no.) 2200 MISSION COLLEGE BLVD 877-466-9236											
4 City or town HILLSBORO 5 State or province OR			6 Country and	6 Country and ZIP or foreign postal code		11 City or town		12 State or province				13 Country and ZIP or foreign postal code					
	Employee Offer of Coverage			97123 Employe	e's Age on January 1	SANTA CLARA		Plan Start Month (enter 2-digit number):				95054					
	All 12 Months Jan Feb			Mar		May June July					Oct					Dec	
14 Offer of Coverage (enter required code)		1A	1A	1A	1A :	1A 1A	1A	1A	1A		1A		1A			lA.	
15 Employee Required Contribution (see instructions)	s	s	s	s	,										•		
16 Section 4980H Safe Harbor and Other Relief (enter code, f applicable)		2C	2C	2C	2C 2	2C 2C	2C	2C	2C		2C		2C			2C	
7 ZIP Code																	
Form 1095-C (202)																	
Cove	red Individuals	- If Employer											_		P00	320 age 3	
		- II Employer p	provided self-ins	ured coverage,	check the box and ent	er the information fo	or each individual e	enrolled in covera		ng the en							
18 NIKITHA	THOUTA	(a) Name of	provided self-inst f covered individual(middle initial, last na	s)	check the box and ent			enrolled in covera			(e) M	fonths of c	coveraç	ige	_ P	age 3	
		(a) Name of	f covered individual(s)		er the information fo	(c) DOB (if SSN or a TIN is not available	enrolled in covera	Jan Feb		(e) M May	June July	coveraç y Aug	ige g Sept	Oct	Nov De	
19 AVYUKTH	ne de la company	(a) Name of	f covered individual(s)		er the information fo (b) SSN or other TIN	(c) DOB (if SSN or a TIN is not available	enrolled in covera	Jan Feb	Mar Apr	(e) M May	June July	coveraç y Aug	g Sept	Oct	Nov De	
	KARRA	(a) Name of First name, r	f covered individual(s)		er the information for (b) SSN or other TIN	(c) DOB (if SSN or a TIN is not available	enrolled in covera	Jan Feb	Mar Apr	(e) M May	June July	y Aug	g Sept	Oct	Nov De	
20 SANTOSH I	KARRA	(a) Name of First name, r	f covered individual(s)		er the information for (b) SSN or other TIN ***-**-5265	(c) DOB (if SSN or a TIN is not available	enrolled in covera	Jan Feb	Mar Apr	(e) M May	June July	y Aug	g Sept	Oct	Nov De	
20 SANTOSH 1	KARRA	(a) Name of First name, r	f covered individual(s)		er the information for (b) SSN or other TIN ***-**-5265	(c) DOB (if SSN or a TIN is not available	enrolled in covera	Jan Feb	Mar Apr	(e) M May	June July	y Aug	g Sept	Oct	Nov De	
20 SANTOSH 1 21	KARRA	(a) Name of First name, r	f covered individual(s)		er the information for (b) SSN or other TIN ***-**-5265	(c) DOB (if SSN or a TIN is not available	enrolled in covera	Jan Feb	Mar Apr	(e) M May	June July	y Aug	g Sept	Oct	Nov De	
19 AVYUKTH 1 20 SANTOSH 1 21 22	KARRA	(a) Name of First name, r	f covered individual(s)		er the information for (b) SSN or other TIN ***-**-5265	(c) DOB (if SSN or a TIN is not available	enrolled in covera	Jan Feb	Mar Apr	(e) M May	June July	y Aug	g Sept	Oct	Nov De	
20 SANTOSH 1 21 22 23	KARRA	(a) Name of First name, r	f covered individual(s)		er the information for (b) SSN or other TIN ***-**-5265	(c) DOB (if SSN or a TIN is not available	enrolled in covera	Jan Feb	Mar Apr	(e) M May	June July	y Aug	g Sept	Oct	Nov De	

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