

Employer-Provided Health Insurance Offer and Coverage

Department of the Treasury
Internal Revenue Service

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

2021

Part I Employee	2 Social security number (SSN) ****-**-0119	Applicable Large Employer Member (Employer)	8 Employer identification number (EIN) 84-1246887
1 Name of employee (first name, middle initial, last name) TANYA OMPRAKASH GUPTA	7 Name of employer SEALOM LLC		
3 Street address (including apartment no.) 110 BEVERLY ST APT 1005	9 Street address (including room or suite no.) 821 2ND AVENUE STE 1900		
4 City or town ROSTON, MA	11 City or town SEATTLE, WA	12 State or province WA	10 Contact telephone number 844-962-0173
5 State or province MA	6 Country and ZIP or foreign postal code 02114	13 Country and ZIP or foreign postal code 98104	

14 Offer of Coverage (enter required code)	Employee's Age on January 1												Plan Start Month (enter 2-digit number): 01				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec				
15 Employee Required Contribution (see Instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2D	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code																	

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

Cat. No. 60705M

Form 1095-C (2021)

18	19	20	21	22	23	24	25	26	27	28	29	30	(a) Months of coverage											
													Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
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. <input type="checkbox"/>																								
(b) SSN or other TIN																								
(c) DOB (if SSN or other TIN is not available)																								
(d) Covered all 12 months																								
(e) Name of covered individual(s) First name, middle initial, last name																								