

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 (Employer)					
1 Name of employee (first name, middle initial, last name) Praneeth Vijay Chand Gorentla		2 Social security number (SSN) 638-97-8757		7 Name of employer Cloud Resources, LLC			8 Employer identification number (EIN) 81-3682101		
3 Street address (including apartment no.) 1155 Lavista Road Apt 1460				9 Street address (including room or suite no.) 104 Decker Ct Ste 110			10 Contact telephone number 972-445-9569		
4 City or town Atlanta		5 State or province GA		6 Country and ZIP or foreign postal code 30324		11 City or town Irving		12 State or province TX	13 Country and ZIP or foreign postal code 75062

Part II Employee Offer of Coverage	Employee's Age on January 1												Plan Start Month (enter 2-digit number): 12		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1H	1H	1H	1H	
15 Employee Required Contribution (see instructions)	\$	\$ 316.64	\$ 316.64	\$ 316.64	\$ 316.64	\$ 316.64	\$ 316.64	\$ 316.64	\$ 316.64	\$ 316.64	\$	\$	\$	\$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2H	2H	2A	2A	2A	2A	2A	
17 ZIP Code															

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

Cat. No. 60705M

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