

## Employer-Provided Health Insurance Offer and Coverage

▶ Do not attach to your tax return. Keep for your records.  
▶ Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

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 CORRECTED

OMB No. 1545-0047 **600320**  
**2021**

<b>Part I Employee</b>		<b>2 Social security number (SSN)</b> ***-**-0928				<b>Applicable Large Employer Member (Employer)</b>				<b>8 Employer identification number (EIN)</b> 95-4759720					
<b>1 Name of employee (first name, middle initial, last name)</b> SATYAVENKATA S NIMUSHAKAVI						<b>7 Name of employer</b> MFIHASTIS CORPORATION						<b>10 Contact telephone number</b> 408-857-8853			
<b>3 Street address (including apartment no.)</b> 519 RAVENS CREST DR						<b>9 Street address (including room or suite no.)</b> 460 PARK AVENUE SOUTH STE 1101						<b>13 Country and ZIP or foreign postal code</b> 10016			
<b>4 City or town</b> PLAINSBORO		<b>5 State or province</b> NJ		<b>6 Country and ZIP or foreign postal code</b> 08536		<b>11 City or town</b> NEW YORK		<b>12 State or province</b> NY		<b>13 Country and ZIP or foreign postal code</b> 10016					

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	2D	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage													
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
18 SATYAVENKATA S NIMUSHAKAVI	***-**-0928								X	X	X	X	X	X	X	X	X
19 LAXMI AISHWARYA NIMUSHAKAVI	***-**-6432								X	X	X	X	X	X	X	X	X
20 SRI SURYA TANMAI NIMUSHAKAVI	***-**-6397								X	X	X	X	X	X	X	X	X
21 VENKAT SATYA LAXMI NIMUSHAKAVI	***-**-0951								X	X	X	X	X	X	X	X	X
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