

Azzur of CA, LLC  
 3200 El Camino Real Suite 230  
 Irvine CA, 92602

Sai Krishna Kanada  
 3300 E Palm Drive Apt# 326  
 FULLERTON, CA 92831

Form **1095-C**  
 Department of the Treasury  
 Internal Revenue Service

**Employer-Provided Health Insurance Offer and Coverage**

VOID

CORRECTED

OMB No. 1545-2251  
 600120  
 2021

> 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.

Part I Employee						Applicable Large Employer Member (Employer)							
1 Name of employee (first name, middle initial, last name) <b>Sai Krishna Kanada</b>			2 Social security number (SSN) <b>667-31-1689</b>			7 Name of employer <b>Azzur of CA, LLC</b>			8 Employer identification number (EIN) <b>47-2630166</b>				
3 Street address (including apartment no.) <b>3300 E Palm Drive Apt# 326</b>						9 Street address (including room or suite no.) <b>3200 El Camino Real Suite 230</b>			10 Contact telephone number <b>215-322-8322 x506</b>				
4 City or town <b>FULLERTON</b>		5 State or province <b>CA</b>		6 Country and ZIP or foreign postal code <b>US 92831</b>		11 City or town <b>Irvine</b>		12 State or province <b>CA</b>		13 Country and ZIP or foreign postal code <b>US 92602</b>			
Part II Employee Offer of Coverage				Employee's Age on January 1					Plan Start Month (Enter 2-digit number): <b>01</b>				
14 Offer of Coverage (Enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
		1H	1H	1H	1H	1A	1A	1A	1A	1A	1A	1A	1A
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
17 Zip Code													

**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.

(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	
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