

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.

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 CORRECTED

OMB No. 1545-2251 600120
2021

Part I Employee

Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name) SATHISH REDDY GODALA		2 Social security number (SSN) XXX-XX-8030	7 Name of employer VISA USA INC	8 Employer identification number (EIN) 94-1721694
3 Street address (including apartment no.) 405 W BURGUNDY ST UNIT 1931			9 Street address (including room or suite no.) PO BOX 8999	10 Contact telephone number 855-314-4222
4 City or town HIGHLANDS RANCH	5 State or province CO	6 Country and ZIP or foreign postal code US 80129	11 City or town SAN FRANCISCO	12 State or province CA
			13 Country and ZIP or foreign postal code US 94128	

Part II Employee Offer of Coverage

Employee's Age on January 1:

Plan Start Month (enter 2-digit number): **01**

	Employee's Age on January 1:												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Other of Coverage (enter required code) 1E													
15 Employee Required Contribution (see instructions) \$ 0.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C													
17 ZIP Code													

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

Cat. No. 60705M

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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 at 12 months	(e) Months of coverage												
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
18	SATHISH REDDY GODALA	XXX-XX-8030		X													
19	BHUVI GODALA		11-26-2021														X X
20	PRAHASA MANDHADI		08-05-1996				X X	X X	X X	X X	X X	X X	X X	X X	X X	X X	X X
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