

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

CMB No. 1545-2281 600320
2021

Part I Employee

Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name) PEDDA R MADDHA		2 Social security number (SSN) XXX-XX-8811	7 Name of employer IBM CORPORATION		8 Employer identification number (EIN) 13-0871985
3 Street address (including apartment no.) 950 SW 163 AVE APT 515			9 Street address (including room or suite no.) ONE NEW ORCHARD ROAD		10 Contact telephone number 1-855-901-1222
4 City or town BEAVERTON	5 State or province OR	6 Country and ZIP or foreign postal code US 97006	11 City or town ARMONK	12 State or province NY	13 Country and ZIP or foreign postal code US 10504

Part II Employee Offer of Coverage

Employee's Age on January 1:

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

	All 12 Months	Employee's Age on January 1:											
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1E	1E	1E	1E	1E	1B	1H
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 471.24	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2C	2C	2C	2C	2C	2C	2A
17 ZIP Code													

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

Cat. No. 60705M

Form 1095-C (2021)

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		
18	PEDDA R MADDHA	XXX-XX-8811										X	X	X	X	X	X	X
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