E 1095-C Department of the Treas Internal Revenue Service	asury	Employ	▶ !	Do not attach to	ealth Insurar to your tax return. Keep n1095C for instructions	p for your re	records.	VOID CORRECT		OMB No. 154	1			
Part I Emplo						Applic	cable Large Em	ployer Mem	per (Employer)	1				
1 Name of employee (fi					cial security number (SSN)	IBM	CORPORATI					13-08	er identification n 871985 t telephone numi	
3 Street address (included 950 SW 163	3 AVE APT	515				ONE	NEW ORCHA					1-85	55-901-1 y and ZIP or fore	1222
4 City or town BEAVERTON		5 State or province OR	0	6 Country an US 97	and ZIP or foreign postal code 7006	de 11 City or t ARM	IONK	1	12 State or proving			US 1	y and ZIP or lore 10504	ign pooler seems
Part II Employ	yee Offer of C	overage		Employee <sup>1</sup>	's Age on January 1:		Pla	an Start Mon	nth (enter 2-digit no		2			no.
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	-	Nov	Dec
14 Offer of Coverage (enter required code)		1н	1н	1н	1н	1н	1E	1E	1E	1E	1E	-	1B	1H
15 Employee Required Contribution (see instructions)	\$	s	\$	\$	\$ \$		s 0.00 s	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.0	00 \$	471.24	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2C	2C	2C	2C	20	:	2C	2A
17 ZIP Code				1										1095-C (2021)
For Privacy Act and P	aperwork Reduct	on Act Notice, se	e separate mau-	uctions.			Cat. No. 60705	M						

1095-C	Linpic		▶ Do	o not attach to	o your tax return	n. Keep fo	nce Offer and Coverage for your records. and the latest information.											
Department of the Treasury Internal Revenue Service		•	Go to www	v.irs.gov/Form	11095C for Instru	uctions an		e Employer Member	(Employer)									
Part   Employee	name, middle initial, last name	)		2 Sor	cial security number	r (SSN) 7	7 Name of employer	Eliipioje	(Married Married Marri					nployer i			umbér	0
PEDDA	R MADDHA	1			XX-XX-8811	1	IBM CORPORATION  9 Street address (including room or suite no.)						10 0	3-08 ontact te	elephor	ne numb		-
Street address (including apartment no.)   950 SW 163 AVE APT 515		T			ONE NEW OR	State or province					1-855-901-1222 13 Country and ZIP or foreign pos							
City or town BEAVERTON		ince		6 Country at US 97	nd ZIP or foreign po 7006	stal code	11 City or town ARMONK	/	NY			_		JS 1				_
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Offer of Coverage enter required code)	1н		1H	1н	1H	1	H 1E	1E	1E	1E		1	LE		1B	1	1	1
5 Employee Required contribution ee instructions)	\$	\$	1	s	\$	\$	s 0.00	s 0.00 s	0.00	0.00	0 s	0	.00	\$ 4	71.	24 \$	5	
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Form 1095-C (2021)	Individuals				the information	far ego	individual annille	in coverage include	- a tha employ	vee. 🔀						E	- 0 0 3 Pag	9
	er provided self-insured of			e box and en	ter the information		ch individual enrolles (b) SSN or other TIN	(c) DOB (if SSN or other	r (d) Covered			_		ths of co			Pag	ag
	Individuals er provided self-insured o (a) Name of oc First name, midd	overed in	individual(s)	e box and ent	ter the information		(b) SSN or other TIN					Apr	May Ju	ne July	Aug	Sept	Pag Oct N	No
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