

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

2021

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) SRI PAVITHRA BOYAPATI		2 Social security number (SSN) XXX-XX-3796		7 Name of employer TEKSYSTEMS, INC.		8 Employer identification number (EIN) 52-2010575	
3 Street address (including apartment no.) 306 FORREST POINTE DR				9 Street address (including room or suite no.) 7437 RACE ROAD			
4 City or town EAST GREENBUSH		5 State or province NY		6 Country and ZIP or foreign postal code US 12061		11 City or town HANOVER	
				12 State or province MD		10 Contact telephone number 855-314-4222	
				13 Country and ZIP or foreign postal code US 21076			

Part II Employee Offer of Coverage													
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
14 Offer of Coverage (enter required code)	1E												
15 Employee Required Contribution (see instructions)	\$ 414.39	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2D	2D	2D	2F	2F	2F	2F	2F	2F	2F	2F	2C
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. <input checked="" type="checkbox"/>																
	(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	SRI PAVITHRA BOYAPATI	XXX-XX-3796												X		
19	AJAYKUMAR GORANTLA	XXX-XX-8175												X		
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