

Part I Employee

1 Name of employee (first name, middle initial, last name) VISHWA N SINGH		2 Social security number (SSN) XXX-XX-1449	7 Name of employer AMAZON.COM SERVICES LLC		8 Employer identification number (EIN) 82-0544687
3 Street address (including apartment no.) 1612 GLENGATE CIR			9 Street address (including room or suite no.) PO BOX 81226		10 Contact telephone number 866-644-2696
4 City or town MORRISVILLE	5 State or province NC	6 Country and ZIP or foreign postal code US 27560	11 City or town SEATTLE	12 State or province WA	13 Country and ZIP or foreign postal code US 98108

Part II Employee Offer of Coverage

Employee's Age on January 1:

Plan Start Month (enter 2-digit number): 04

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$ 31.00	\$ 31.00	\$ 31.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00
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.

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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 all 12 months	(e) Months of coverage													
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
18	VISHWA N SINGH	XXX-XX-1449		X														
19	RUKMINI SINGH	XXX-XX-9827		X														
20	ARIN SINGH	XXX-XX-2598		X														
21	ALAISHA SINGH	XXX-XX-8174							X	X	X	X	X	X	X	X	X	X
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