1	095_C	
ŭ I	000	
Depar	tment of the Treasury	

## Employer-Provided Health Insurance Offer and Coverage Do not attach to your tax return. Keep for your records.

33.00

\$ 31.00

VOID

33.00

33.00

P00750 OMB No. 1545-2251 2021

Department of the Treasu Internal Revenue Service	ury	► Go to www.irs.gov/Form1095C for instructions and the latest information.								CIED	2021								
Part I Employee							Applicable Large Employer Member (Employer)												
1 Name of employee (first name, middle initial, last name) 2 Social security number (SSN) VISHWA N SINGH XXX-XX-1449						of employer	ERVICES 1		8 Employer identification number (EIN) 82-0544687										
3 Street address (including 1612 GLENG)				'			t address (including BOX 81226		)		11	Contact telephone n 866-644-26							
4 City or town 5 State or province MORRISVILLE NC			6 Country an US 27	d ZIP or foreign pos 560		or town ATTLE		12 State or provin	nce	1:	13 Country and ZIP or foreign postal of US 98108								
Part II Employ	yee Offer of C	overage		Employee's	Age on Januar	ry 1:		Plan Start Mor	nth (enter 2-digit n	umber): 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)	s	s 31.00	s 31.00	<b>s</b> 31.00	<b>s</b> 33.00	\$ 33.00	\$ 33.00	<b>\$</b> 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00						

33.00

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

2C

31.00 \$

31.00

Cat. No. 60705M

33.00

\$ 33.00

\$ 33.00

Form 1095-C (2021)

16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)

17 ZIP Code

P00350

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Part III Covered Individua	als ed self-insured covera	age, check the box and enter the	e information for each	n individual enrolled	d in coverage, includin	g the employ	/ee.	X									
Part III Covered individuals  If Employer provided self-insured coverage, check the box and enter the information for  (a) Name of covered individual(s)  First name, middle initial, last name				(b) SSN or other TIN	(c) DOB (if SSN or other					(e)	Month	s of co	verage	е			_
				(2) 0011 01 01101 1111	TIN is not available)	(d) Covered all 12 months	Jan	Feb	Mar A	r Ma	/ June	July	Aug	Sept	Oct	Nov	De
18 VISHWA	N	SINGH	Х	XX-XX-1449		×					L						
19 RUKMINI		SINGH	Х	XX-XX-9827		×											
20 ARIN		SINGH	Х	XX-XX-2598		×											
21 ALAISHA		SINGH	Х	XXX-XX-8174					>	×	×	×	×	×	×	×	×
22																	
23																	
24																	
25									-								
26																	
27																	
28			Yes														
29																	
30			-														

Form**1095-C** (2021)