

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.

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 CORRECTED

OMB No. 1545-2251 **600320**
2021

Part I Employee		2 Social security number (SSN) ***-**-8778		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 98-0154401	
1 Name of employee (first name, middle initial, last name) NAVEEN KUMAR PENMETSА				7 Name of employer WIPRO LIMITED			
3 Street address (including apartment no.) 1054 LAKEHURST DR APT 104				9 Street address (including room or suite no.) 2 TOWER CENTER BLVD STE 2200			
4 City or town WAUKEGAN		5 State or province IL		6 Country and ZIP or foreign postal code 60085		11 City or town EAST BRUNSWICK	
				12 State or province NJ		10 Contact telephone number 833-253-7717	
						13 Country and ZIP or foreign postal code 08816	

14 Offer of Coverage (enter required code)	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		
15 Employee Required Contribution (see instructions)		1H	1H	1H	1H	1H	1H	1H	1E	1E	1E	1E	1E	\$ 165.00	\$ 165.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2D	2C	2C	2C	2C	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"/>				(e) Months of coverage											
(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	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18 NAVEEN KUMAR PENMETSА	***-**-8778											X	X	X	X
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IMPORTANT TAX INFORMATION DO NOT DISCARD

This Employer-Provided Health Insurance Offer and Coverage 1095-C form may be required for your tax filing.

Keep this form in a safe place.

ANSWERING YOUR QUESTIONS:

Q: What is a 1095-C form?

A: IRS form 1095-C is an annual employee health insurance tax statement, provided by employers to employees who are eligible for health care benefits.

Q: How will I use my employee health insurance tax statement?

A: Do not discard this form. This statement may be required to file your federal income tax return.

Q: Why did I receive this form?

A: Under the Affordable Care Act, employers are required to provide form 1095-C to full-time employees. It indicates which months the employee was eligible for health insurance, regardless of whether the employee enrolled in the plan.

Q: How can I get more information?

A: To learn more, please visit <http://www.irs.gov/ACA> or contact your employer for assistance.