

Form 1095-C
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-2251

2021

Part I Employee

1 Name of employee (first name, middle initial, last name) SRINIVASA RAO BALLE	2 Social security number (SSN) XXX-XX-6338	7 Name of employer Capital One Financial Corporation	8 Employer identification number (EIN) 54-1719854
3 Street address (including apartment no.) 24669 BYRNE MEADOW SQ	6 Country and ZIP or foreign postal code USA 20105	9 Street address (including room or suite no.) 1680 Capital One Drive	10 Contact telephone number (888) 376-8836
4 City or town ALDIE	5 State or province VA	11 City or town McLean	12 State or province VA

Applicable Large Employer Member (Employer)

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)	Employee's Age on January 1												Plan Start Month (enter 2-digit number):				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov		Dec			
15 Employee Required Contribution (see instructions)	\$	53.47 \$	53.47 \$	53.47 \$	53.47 \$	53.47 \$	53.47 \$	53.47 \$	53.47 \$	53.47 \$	53.47 \$	53.47 \$	53.47 \$	53.47 \$	53.47 \$	53.47 \$	53.47 \$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C

17 ZIP Code

Cat. No. 60705M

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