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00000078 J0597109

SOUTHWEST STEEL CASTING COMPANY  
1 CENTERPOINTE DR 200  
LAKE OSWEGO, OR 97035



\*A04PNA95CPZ0000054771A420B032\*

000078 RO9MNI01 A04 0170 6C4D8 00000010  
JASWANTH PATTIPATI  
490 BARNES DR APT#6308  
SAN MARCOS, TX 78666

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Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

600120

**1095-C** Employer-Provided Health Insurance Offer and Coverage  
 Department of the Treasury Internal Revenue Service  
 Do not attach to your tax return. Keep for your records.  
 Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID  
 CORRECTED

OMB No. 1545-2251  
**2021**

<b>Part I Employee</b>				<b>Applicable Large Employer Member (Employer)</b>			
1 Name of employee (first name, middle initial, last name) <b>JASWANTH PATTIPATI</b>		2 Social security number (SSN) <b>XXX-XX-6226</b>		7 Name of employer <b>SOUTHWEST STEEL CASTING COMPANY</b>		8 Employer identification number (EIN) <b>75-2940613</b>	
3 Street address (including apartment no.) <b>490 BARNES DR APT#6308</b>				9 Street address (including room or suite no.) <b>1 CENTERPOINTE DR 200</b>		10 Contact telephone number <b>800-343-7188</b>	
4 City or town <b>SAN MARCOS</b>		5 State or province <b>TX</b>		6 Country and ZIP or foreign postal code <b>USA 78666</b>		11 City or town <b>LAKE OSWEGO</b>	
						12 State or province <b>OR</b>	
						13 Country and ZIP or foreign postal code <b>USA 97035</b>	

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
		1E	1E	1E	1E	1E	1E	1E	1E	1E	1H	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$ 85.00	\$ 85.00	\$ 85.00	\$ 85.00	\$ 85.00	\$ 85.00	\$ 85.00	\$ 85.00	\$ 85.00	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2A	2A	2A
17 ZIP Code													

<b>Part III Covered Individuals</b>				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 JASWANTH PATTIPATI	XXX-XX-6226		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>