

## Employer-Provided Health Insurance Offer and Coverage

▶ 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.

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OMB No. 1545-2251 600120  
**2021**

**Part I Employee**

**Applicable Large Employer Member (Employer)**

1 Name of employee (first name, middle initial, last name) <b>SAMRAT KAUTILYA CHITIMALLA</b>		2 Social security number (SSN) <b>XXX-XX-7315</b>	7 Name of employer <b>APPLE, INC.</b>		8 Employer identification number (EIN) <b>94-2404110</b>
3 Street address (including apartment no.) <b>6636 W WILLIAM CANNON DRIVE APT 1728</b>			9 Street address (including room or suite no.) <b>ONE APPLE PARK WAY</b>		10 Contact telephone number <b>1-800-473-7411</b>
4 City or town <b>AUSTIN</b>	5 State or province <b>TX</b>	6 Country and ZIP or foreign postal code <b>US 78735</b>	11 City or town <b>CUPERTINO</b>	12 State or province <b>CA</b>	13 Country and ZIP or foreign postal code <b>US 95014</b>

**Part II Employee Offer of Coverage**

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
	14 Offer of Coverage (enter required code) <b>1E</b>												
15 Employee Required Contribution (see instructions) \$ <b>58.63</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) <b>2C</b>													
17 ZIP Code													

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

Cat. No. 60705M

Form **1095-C** (2021)

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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	<b>SAMRAT KAUTILYA CHITIMALLA</b>	<b>XXX-XX-7315</b>		<b>X</b>													
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