

600120

Form 1095-C

Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

VOID
 CORRECTED

OMB No. 1545-2261

2021

Go to www.irs.gov/Form1095C for instructions and the latest information.

Applicable Large Employer Member (Employee)

1 Name of employee (first name, middle initial, last name) Veera Venkat Sai Kotla		2 Social security number (SSN) XXX-XX-4876		7 Name of employer SILICON STAFF IT SERVICES INC		8 Employer identification number (EIN) 26-0971462	
3 Street address (including apartment no.) 4202 Little Piney Drive Lake		6 Country and ZIP or foreign postal code US 63367		9 Street address (including room or suite no.) 500 ALEXANDER PARK STE 102		10 Contact telephone number (925) 223-8080	
4 City or town St. Louis		5 State or province MO		11 City or town PRINCETON		12 State or province NJ	
Part II Employee Offer of Coverage				Employee's Age on January 1			
14 Offer of Coverage (enter required code)				Plan Start Month (enter 2-digit number): 03			

15 Employee Required Contribution (see instructions)	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
\$	\$370.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
	2F	2F	2F	2F	2F	2F	2F	2F	2F	2F	2F	2F	2F

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