

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](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-2251

**2021**

Part I Employee				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) <b>RAJASEKHAR MUMMANENI</b>		2 Social security number (SSN) <b>702-19-9555</b>		7 Name of employer <b>IT KEYSOURCE INC</b>		8 Employer identification number (EIN) <b>27-1054892</b>	
3 Street address (including apartment no.) <b>7620 WATERFORD GLENLOOP</b>				9 Street address (including room or suite no.) <b>11220 ELM LANE</b>		10 Contact telephone number <b>(704) 412-3375 101</b>	
4 City or town <b>CHARLOTTE</b>		5 State or province <b>NC</b>		6 Country and ZIP or foreign postal code <b>28226</b>		11 City or town <b>CHARLOTTE</b>	
				12 State or province <b>NC</b>		13 Country and ZIP or foreign postal code <b>28277</b>	

Part II Employee Offer of Coverage	Employee's Age on January 1												Plan Start Month (enter 2-digit number): <b>12</b>		
	All 12 Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
14 Offer of Coverage (enter required code) <b>1E</b>															
15 Employee Required Contribution (see instructions) \$		\$ 145.28	\$ 145.28	\$ 145.28	\$ 145.28	\$ 145.28	\$ 145.28	\$ 145.28	\$ 145.28	\$ 145.28	\$ 145.28	\$ 145.28	\$ 145.28	\$ 136.41	
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.

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