

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 600120
2021
 8 Employer identification number (EIN)
 13-4069806

Part I Employee		2 Social security number (SSN) ***-**-6840	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 13-4069806
1 Name of employee (first name, middle initial, last name) VENU GOPAL REDDY SOMA		7 Name of employer HF MANAGEMENT SERVICES, LLC			
3 Street address (including apartment no.) 4850 VERACITY POINT APT 246		9 Street address (including room or suite no.) 100 CHURCH ST. 18TH FLOOR		10 Contact telephone number 212-801-1503	
4 City or town SANFORD	5 State or province FL	6 Country and ZIP or foreign postal code 32771	11 City or town NEW YORK	12 State or province NY	13 Country and ZIP or foreign postal code 10007

Part II Employee Offer of Coverage		Employee's Age on January 1 28	Plan Start Month (enter 2-digit number): 01											
14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
	1E													
15 Employee Required Contribution (see instructions)	\$ 121.83	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C													
17 ZIP Code														

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. <input checked="" type="checkbox"/>																	
18	(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	VENU GOPAL REDDY SOMA	***-**-6840		X													
19	MOUNIKA REDDY YEDLA	***-**-7818		X													
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