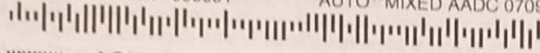


Infosys Limited
2400 N. Glenville Drive, STE C150
Richardson, TX 75082

94889505

0001602**000004**000001*****AUTO**MIXED AADC 07099**000001



ASHA LATHA SURAMPALLI
7 WOODBINE RD APT 2
NATICK MA 01760-4010

0001602

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 for instructions and the latest information.

☐ VOID

☐ CORRECTED

OMB No. 1545-2251

2021

600120

Part I Employee

1 Name of employee (first name, middle initial, last name) Asha Latha Surampalli		2 Social security number (SSN) xxx-xx-6726	Applicable Large Employer Member (Employer)	
3 Street address (including apartment no.) 7 Woodbine Rd Apt 2		7 Name of employer Infosys Limited	8 Employer identification number (EIN) 58-1760235	
4 City or town Natick	5 State or province MA	6 Country and ZIP or foreign postal code USA 01760	9 Street address (including apartment no.) 2400 N. Glenville Drive, STE C150	10 Contact telephone number 866-758-1903
		11 City or town Richardson	12 State or province TX	13 Country and ZIP or foreign postal code USA 75082

Part II Employee Offer and Coverage

14 Offer of Coverage (enter required code)	Employee's Age on January 1												Plan Start Month: 04			
	All 12 Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec			
15 Employee Required Contribution (see instructions)	\$83.80	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$			
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. ☒

(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	Jun	Jul	Aug	Sep	Oct	Nov	Dec
18 Asha Latha Surampalli	xxx-xx-6726		<input checked="" 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"/>
19 Venkata Ramar Bandi		1982-08-04	<input checked="" 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 Tejashree Bandi		2011-06-13	<input checked="" 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"/>
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"/>
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"/>
24			<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"/>
25			<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"/>
26			<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"/>

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

Cat. No. 60705M

Form 1095-C (2021)



0001602

AETNA LIFE INSURANCE COMPANY
PO Box 981206
El Paso, TX 79998

Please contact the number on your Medical ID card for
any question regarding your MA 1099 HC Form.

7600849 TEP00135313_8880_27517 1 of 4

ASHA LATHA SURAMPALLI
7 WOODBINE RD
APT 2
NATICK, MA 01760



151 Farmington Ave.
Hartford, CT 06156-3201

Important Information for Massachusetts Income Tax Filing

Your **Massachusetts form 1099-HC** is on the back of this letter. We have sent this form to you because information we have in our systems for your health coverage indicates that either you or one of your covered dependents is a resident of Massachusetts. So, you or your dependent may need the information from the 1099-HC for Massachusetts personal income tax purposes.

As a result of the Massachusetts' health care law, Massachusetts residents age 18 and over are required to have health insurance. The information on the back of this letter will be useful to you or your dependent if you or dependent, need to complete Schedule HC for Massachusetts personal income tax.

You are receiving this one form 1099-HC for your entire family. The form 1099-HC does not need to be attached to the Massachusetts personal income tax return. You or your dependent will need the information from the form on the back of this letter to complete Schedule HC for Massachusetts personal income tax. For 2020 tax filing year, the boxes shown "full-year coverage or months covered" on the form 1099-HC are of particular importance. The box labeled as "full-year coverage" represents 12 months of coverage during 2020. The boxes labeled "months covered" represents the calendar months with

coverage. Per the Massachusetts Department of Revenue, a calendar month with coverage of 15 days or more is considered a full month and those boxes would be marked. A calendar month with 14 days or less is considered not to have coverage. The 1099-HC is intended to report your coverage for the previous tax filing year.

If the information shown on the form 1099-HC on the back of this letter is incorrect, please call the Aetna Member Services telephone number shown on your ID Card.

Please consult your tax advisor or the Massachusetts Department of Revenue if you have questions concerning the implications of this information on your Massachusetts personal income tax. Additional information is available on Massachusetts Department of Revenue website, located at: <http://www.mass.gov/dor>.

Sincerely,

Aetna

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

©2010 Aetna Inc.

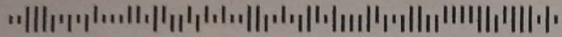




Department of the Treasury
Internal Revenue Service
Austin, TX 73301-0003

Date:
January 12, 2022
For assistance, call:
800-919-9835
Or visit:
[IRS.gov/eip](https://www.irs.gov/eip)

179657-TL-01/T351 P1/0189919
V BANDI
7 WOODBINE RD APT 2
NATICK, MA 01760-4010



Your 2021 Economic Impact Payment(s)
Keep this information with your tax records.

Why you received this letter.

Under the American Rescue Plan, the Internal Revenue Service (IRS) issued you 2021 Economic Impact Payment(s) for the following total amount:

Total 2021 Economic Impact Payment(s):\$700.00

What do you need to do?

This Economic Impact Payment isn't considered taxable income, and you shouldn't report it as income on your 2021 federal income tax return. However, you'll need the total payment amount shown above to determine whether you're eligible to claim the Recovery Rebate Credit on your 2021 federal income tax return.

If you think you didn't receive the full amount of the third Economic Impact Payment you were entitled to, you must file a 2021 federal income tax return to claim the Recovery Rebate Credit, even if you aren't otherwise required to file a tax return.

How can you get more information?

For more information about Economic Impact Payments, visit [IRS.gov/eip](https://www.irs.gov/eip), or call the IRS Economic Impact Payment hotline at 800-919-9835.

Letter 6475 (en-sp) (9-2021)
Catalog Number 58142P