

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

| Part I Employee | | | | Applicable Large Employer Member (Employer) | | | |
|---|--|---|--|--|--|---|--|
| 1 Name of employee (first name, middle initial, last name) Venkat Rajeev Malipeddi | | 2 Social security number (SSN) XXX-XX-8751 | | 7 Name of employer BOHAN AGENCY | | 8 Employer identification number (EIN) 62-1412931 | |
| 3 Street address (including apartment no.) 2201 Amberwood Cir | | | | 9 Street address (including room or suite no.) 124 12th Ave South | | 10 Contact telephone number (615) 341-8798 | |
| 4 City or town Nashville | | 5 State or province TN | | 6 Country and ZIP or foreign postal code US 37221 | | 11 City or town Nashville | |
| | | | | 12 State or province TN | | 13 Country and ZIP or foreign postal code US 37203 | |

| Part II Employee Offer of Coverage | Employee's Age on January 1 | | | | | | | | | | | | Plan Start Month (enter 2-digit number): | | |
|---|-----------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--|----|----|
| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | 08 | |
| 14 Offer of Coverage (enter required code) | | 1E | 1E | 1E | 1E | 1E | 1E | 1E | 1E | 1E | 1E | 1E | 1E | 1H | 1H |
| 15 Employee Required Contribution (see instructions) | \$ | \$ 131.94 | \$ 131.94 | \$ 131.94 | \$ 131.94 | \$ 131.94 | \$ 131.94 | \$ 131.94 | \$ 131.94 | \$ 122.32 | \$ 122.32 | \$ 122.32 | \$ | \$ | \$ |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) | | 2H | 2H | 2H | 2H | 2H | 2H | 2H | 2H | 2H | 2H | 2H | 2A | 2A | |
| 17 ZIP Code | | | | | | | | | | | | | | | |