

Part I Employee		2 Social security number (SSN) ***-**-8751		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 54-6001805	
1 Name of employee (first name, middle initial, last name) MALIPEDDI VENKAT RAJEEV REDDY				7 Name of employer VIRGINIA TECH			
3 Street address (including apartment no.) 2201 AMBERWOOD CIRCLE				9 Street address (including room or suite no.) 300 TURNER ST NW		10 Contact telephone number 540-231-3463	
4 City or town NASHVILLE		5 State or province TN	6 Country and ZIP or foreign postal code 37221-1369		11 City or town BLACKSBURG	12 State or province VA	13 Country and ZIP or foreign postal code 24061-3359

14 Offer of Coverage (enter required code)	Employee's Age on January 1 28												Plan Start Month (enter 2-digit number): 07		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
		1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1A	1A		
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2D			
17 ZIP Code															

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2021)

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	June	July	Aug	Sept	Oct	Nov	Dec
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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															