

# 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.

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<b>Part I Employee</b>			<b>Applicable Large Employer Member (Employer)</b>			
1 Name of employee (first name, middle initial, last name) SAURAV KUMAR		2 Social security number (SSN) XXX-XX-3517	7 Name of employer AMAZON.COM SERVICES LLC		8 Employer identification number (EIN) 82-0544687	
3 Street address (including apartment no.) 27714 219TH PL SE			9 Street address (including room or suite no.) PO BOX 81226		10 Contact telephone number 866-644-2696	
4 City or town MAPLE VALLEY	5 State or province WA	6 Country and ZIP or foreign postal code US 98038	11 City or town SEATTLE	12 State or province WA	13 Country and ZIP or foreign postal code US 98108	

<b>Part II Employee Offer of Coverage</b>													
Employee's Age on January 1:										Plan Start Month (enter 2-digit number): 04			
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$ 31.00	\$ 31.00	\$ 31.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												
17 ZIP Code													

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

<b>Part III Covered Individuals</b>																
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"/>																
	(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	SAURAV KUMAR	XXX-XX-3517		X												
19	TIANA AGRAWAL	XXX-XX-8690		X												
20	PUJA KEDIA	XXX-XX-7963		X												
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