

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) Narasimha Reddy Kamjula		2 Social security number (SSN) XXX-XX-0488		7 Name of employer IMCS Group, Inc.			8 Employer identification number (EIN) 46-0470393			
3 Street address (including apartment no.) 18418 Bridle Club Dr				9 Street address (including room or suite no.) 9901 East Valley Ranch Parkway			10 Contact telephone number (972) 929-6600			
4 City or town Tampa		5 State or province FL		6 Country and ZIP or foreign postal code US 33647		11 City or town Irving		12 State or province TX		13 Country and ZIP or foreign postal code US 75063

14 Offer of Coverage (enter required code)	Employee's Age on January 1												Plan Start Month (enter 2-digit number): 12		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
	1E	1E	1E	1E	1E	1E	1E	1E	1H	1H	1H	1H	1H		
15 Employee Required Contribution (see instructions)	\$ 100.50	\$ 100.50	\$ 100.50	\$ 100.50	\$ 100.50	\$ 100.50	\$ 100.50	\$ 100.50	\$	\$	\$	\$	\$		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)									2A	2A	2A	2A	2A		
17 ZIP Code															