



ATK 8888 68EC1 000002415

000044518 J0539504

GODADDY COM LLC
2155 E GODADDY WAY
TEMPE, AZ 85284



ATKPN95CPZ0000010484A418B170

044518 RO9MMU01 ATK 8888 68EC1 000002415
VINEESHA KASAM
2900 W HIGHLAND ST, APT #181
HOHOKAM VILLAS
CHANDLER, AZ 85224

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

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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) VINEESHA KASAM		2 Social security number (SSN) XXX-XX-5209		7 Name of employer GODADDY COM LLC				8 Employer identification number (EIN) 86-0850417						
3 Street address (including apartment no.) 2900 W HIGHLAND ST, APT #181				9 Street address (including room or suite no.) 2155 E GODADDY WAY				10 Contact telephone number 602-420-4202						
4 City or town CHANDLER		5 State or province AZ		6 Country and ZIP or foreign postal code USA 85224				11 City or town TEMPE		12 State or province AZ		13 Country and ZIP or foreign postal code USA 85284		
Part II Employee Offer of Coverage				Employee's Age on January 1				Plan Start Month (enter 2-digit number): 10						
14 Offer of Coverage (enter required code) 1E														
15 Employee Required Contribution (see instructions) \$ 0.00														
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. <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 VINEESHA KASAM	XXX-XX-5209		<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"/>	<input type="checkbox"/>
19			<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"/>	<input type="checkbox"/>
20			<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>