

# 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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 CORRECTED

**Part I Employee**

1 Name of employee (first name, middle initial, last name) RAMYA MADAMANCHI			2 Social security number (SSN) XXX-XX-0671			7 Name of employer AMAZON WEB SERVICES INC			8 Employer identification number (EIN) 20-4938068		
3 Street address (including apartment no.) 22514 FOUNDATION DR						9 Street address (including room or suite no.) PO BOX 81226			10 Contact telephone number 866-644-2696		
4 City or town ASHBURN		5 State or province VA		6 Country and ZIP or foreign postal code US 20148		11 City or town SEATTLE		12 State or province WA		13 Country and ZIP or foreign postal code US 98108	

**Part II Employee Offer of Coverage**

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)

**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				
18	RAMYA MADAMANCHI	XXX-XX-0671		X																
19	MOHAMMED GHOUSE SYED	XXX-XX-6319		X																
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