

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.

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 CORRECTED

Part I Employee		2 Social security number (SSN) ***-**-2144		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 98-0154401	
1 Name of employee (first name, middle initial, last name) NIRANJAN PARIPELLI				7 Name of employer WIPRO LIMITED			
3 Street address (including apartment no.) 4400 COLLEGE PARK DR APT 612				9 Street address (including room or suite no.) 2 TOWER CENTER BLVD STE 2200		10 Contact telephone number 833-253-7717	
4 City or town THE WOODLANDS		5 State or province TX		6 Country and ZIP or foreign postal code 77384		11 City or town EAST BRUNSWICK	
				12 State or province NJ		13 Country and ZIP or foreign postal code 08816	

Part II Employee Offer of Coverage		Employee's Age on January 1							Plan Start Month (enter 2-digit number): 01				
	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)	\$	\$ 165.00	\$ 165.00	\$ 165.00	\$ 165.00	\$ 165.00	\$ 165.00	\$ 165.00	\$ 165.00	\$ 165.00	\$ 165.00	\$ 165.00	\$ 165.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	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. <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	NIRANJAN PARIPELLI	***-**-2144			X	X	X	X	X	X	X	X	X	X	X	X	X
19	ARJUN PARIPELLI		2010-03-20		X	X	X	X	X	X	X	X	X	X	X	X	X
20	JYOTHI RANI PARIPELLI		1982-08-09		X	X	X	X	X	X	X	X	X	X	X	X	X
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