Employer-Provided  ► Do not at  ► Go to www.irs.got					alth Insurar your tax return. Keep fo 0950 for instructions a				CORRECTED				2021 8 Employer identification number (EIN)							
tritemal Revenue Senice 2 Social security number (SSN)  Part Employee 2 Social security number (SSN)						Applicable Large Employer Member (Employer)									94-1687665					
Name of employee (fi ABHINAY SAI		tial, last name)				7 Name of employer BANK OF AME	RICA NATIO	ONAL AS	SSOCIA	TION	1								_	
ABHINAY SAI	RVAYYAGAR.	9 Street address (including room or suite no.) 401 NORTH TRYON ST SUITE 170								10 Contact telephone number 800-556-6044										
Street address (including partment no.)   11.9.19 C.HAPECLANE RD					d ZIP or foreign postal code						13 Country and ZIP or foreign postal code 28202							de		
CIMEDOTTS						Plan !		Start Month (enter 2-digit number):												
Part II Emplo				Employe	ee's Age on January	May June	July	Aug		Sept			Oct			Nov		Dec		
	Ali 12 Months	Jan	Feb					1н		1н			1H		1	E		1E		
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H 1H	1H	ın	_	111	_	$\vdash$	211	_			+		_	
15 Employee Required Contribution (see						s	s	s	\$			\$			<b>s</b> 15	1.56	s 15	51.56	;	
instructions)	\$	\$	5 5																	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A 2A	2A	2A	-	2D			2D		:	lC.	-	2C	_	
17 ZIP Code For Privacy Act and F						Cat. No. 60705M						_	_			Form	1095-0	(2021	)	
																	ь	00320 Page		
Form 1095-C (2021	)											- 44-0	amal	lauga	X			rage	•	
Part III Cove	red Individuals				e, check the box and e	enter the information fo	(c) DOB (if SSN	enrolled	in covera d) Covered						nths of	coverage	_		_	
(a) Name of covered individual(s) First name, middle initial, last name						(b) SSN or other TIN	TIN is not ava	allable) all	12 months	Jan	Feb I	Mar	Apr N	day J	une Jul	Aug	Sept O	t Nov		
18 ABHINAY SARVAYYAGARI						***-**-7240				Н	$\perp$	-	$\dashv$	+	+	Н	+	<u> </u>	-	
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Form 1095-C (2021)