

WELLS FARGO BANK NA  
550 SOUTH 4TH ST MAC N9310-11B  
MINNEAPOLIS, MN 55415



019591 RO9MU401 VME 0191 A09C6 000019591  
SK SAMIDUL ISLAM  
3412 CHRISTIANA MEADOWS  
BEAR, DE 19701

\*VMEPNA95CPQ0000037084A426B052\*

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

600120

VOID

CORRECTED

OMB No. 1545-2251

2022

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](http://www.irs.gov/Form1095C) for instructions and the latest information.

Part I Employee		Applicable Large Employer Member (Employer)		
1 Name of employee (first name, middle initial, last name) <b>SK SAMIDUL ISLAM</b>	2 Social security number (SSN) <b>XXX-XX-9840</b>	7 Name of employer <b>WELLS FARGO BANK NA</b>	8 Employer identification number (EIN) <b>94-3081343</b>	
3 Street address (including apartment no.) <b>3412 CHRISTIANA MEADOWS</b>		9 Street address (including room or suite no.) <b>550 SOUTH 4TH ST MAC N9310-11B</b>	10 Contact telephone number <b>877-479-3557</b>	
4 City or town <b>BEAR</b>	5 State or province <b>DE</b>	6 Country and ZIP or foreign postal code <b>USA 19701</b>	11 City or town <b>MINNEAPOLIS</b>	12 State or province <b>MN</b>
		13 Country and ZIP or foreign postal code <b>USA 55415</b>		

Part II Employee Offer of Coverage	Employee's Age on January 1												Plan Start Month (enter 2-digit number): <b>01</b>
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	
14 Offer of Coverage (enter required code) <b>1E</b>													
15 Employee Required Contribution (see instructions) \$ <b>109.59</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) <b>2C</b>													

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.

(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 <b>SK SAMIDUL ISLAM</b>	<b>XXX-XX-9840</b>		<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 <b>MAROOFA TANWEER</b>	<b>XXX-XX-4171</b>		<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"/>
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"/>

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