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

VOID  
 CORRECTED

OMB No. 1545-2251

2022

**Part I Employee**

**1** Name of employee (first name, middle initial, last name)  
Nalina Kumari Palakunte Narasa Re

**2** Social security number (SSN)  
\*\*\*-\*\*-0859

**3** Street address (including apartment no.)  
12224 Lincolnshire Dr

**4** City or town  
Sterling Heights

**5** State or province  
MI

**6** Country and ZIP or foreign postal code  
US 48312

**7** Name of employer  
General Motors LLC

**8** Employer identification number (EIN)  
27-0383222

**9** Street address (including room or suite no.)  
300 Renaissance Center

**10** Contact telephone number  
800-584-2000

**11** City or town  
Detroit

**12** State or province  
MI

**13** Country and ZIP or foreign postal code  
US 48265-3000

**Part II Employee Offer of Coverage**

| All 12 Months  | Employee's Age on January 1 32 |     |     |     |     |      |      |     |      |     |     |     |    |
|--|--------------------------------|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|----|
|  | Jan                            | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |    |
| <b>14</b> Offer of Coverage (enter required code)<br>1E                                |                                |     |     |     |     |      |      |     |      |     |     |     |    |
| <b>15</b> Employee Required Contribution (see instructions)<br>\$20.00                 | \$                             | \$  | \$  | \$  | \$  | \$   | \$   | \$  | \$   | \$  | \$  | \$  | \$ |
| <b>16</b> Section 4980H Safe Harbor and Other Relief (enter code, if applicable)<br>2C |                                |     |     |     |     |      |      |     |      |     |     |     |    |
| <b>17</b> ZIP Code   |                                |     |     |     |     |      |      |     |      |     |     |     |    |

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form 1095-C (2022)