

# Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at [www.irs.gov/form1095c](http://www.irs.gov/form1095c)

VOID  
 CORRECTED

600120  
 OMB No. 1545-2251

**2022**

## Part I Employee

1 Name of employee (first name, middle initial, last name) Bhanu M Ayitha		2 Social security number (SSN) 790-37-1017
3 Street address (including apartment no.) 9331 Watts Rd		
4 City or town Verona	5 State or province WI	6 Country and ZIP or foreign postal code 53593

## Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May
14 Offer of Coverage (enter required code)	1E					
15 Employee Required Contribution (see instructions)	\$101.68					
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2H					
17 ZIP Code						

## Part III Covered Individuals

If Employer Provided self-insured coverage check the box and enter the information for each covered individual

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months
18				<input type="checkbox"/>
19				<input type="checkbox"/>
20				<input type="checkbox"/>
21				<input type="checkbox"/>
22				<input type="checkbox"/>
23				<input type="checkbox"/>

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

## Applicable Large Employer Member (Employer)

7 Name of employer WTS Paradigm LLC		8 Employer Identification Number (EIN) 20-1623787
9 Street address (including room or suite no.) 1850 Deming Way, Ste 120		10 Contact Telephone Number (608) 662-2160
11 City or town Middleton	12 State or province WI	13 Country and ZIP or foreign postal code 53562

Employee's Age on January 1: \_\_\_\_\_ Plan Start Month: **11**

June	July	Aug	Sept	Oct	Nov	Dec

### (e) Months of Coverage

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<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"/>	<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"/>	<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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<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"/>

Form **1095-C** (2022)

WTS Paradigm LLC  
 1850 Deming Way, Ste 120  
 Middleton, WI 53562

38574 11251 \*\*1095-C\*\*  
 Bhanu Ayitha  
 9331 Watts Rd  
 Verona, WI 53593