

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				Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) Saideep Muskeri		2 Social security number (SSN) XXX-XX-3669		7 Name of employer Lam Research Corporation		8 Employer identification number (EIN) 94-2634797	
3 Street address (including apartment no.) 327 Woodcreek Terrace				9 Street address (including room or suite no.) 4650 Cushing Pkwy.		10 Contact telephone number 877-291-9494	
4 City or town Fremont		5 State or province CA		11 City or town Fremont		12 State or province CA	
				6 Country and ZIP or foreign postal code 94539		13 Country and ZIP or foreign postal code 94538	

14 Offer of Coverage (enter required code)	15 Employee Offer of Coverage												16 Employee's Age on January 1												17 Plan Start Month (Enter 2-digit number): 01												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec												
1E																																					
15 Employee Required Contribution (see instructions)	\$ 71.50	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$																									
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C																																				

Part III Covered Individuals					17 ZIP Code																		
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/>																							
18	(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							
	Saideep Muskeri	XXX-XX-3669		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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FROM:  
  
 Lam Research Corporation  
 4650 Cushing Pkwy.  
 Fremont, CA 94538

Hasler FIRST-CLASS MAIL  
 01/30/2023 AU  
**US POSTAGE \$000.53**  
  
 ZIP 92824  
 011E126508

Important Tax Document Enclosed  
 971 of 1000

First-Class Mail

Saideep Muskeri  
 327 Woodcreek Terrace  
 Fremont, CA 94539