

**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**

<b>Part I Employee</b>				<b>Applicable Large Employer Member (Employer)</b>									
1 Name of employee (first name, middle initial, last name) Parthiban Mohanraj		2 Social security number (SSN) XXX-XX-9512		7 Name of employer Ven Solutions LLC					8 Employer identification number (EIN) 26-3926825				
3 Street address (including apartment no.) 650 Frisco Hills Blvd				9 Street address (including room or suite no.) 5005 W Royal Ln Ste 124					10 Contact telephone number (800) 622-0405				
4 City or town Little Elm		5 State or province TX		6 Country and ZIP or foreign postal code US 75068			11 City or town Irving		12 State or province TX		13 Country and ZIP or foreign postal code US 75063		
<b>Part II Employee Offer of Coverage</b>				<b>Employee's Age on January 1</b>					<b>Plan Start Month (enter 2-digit number):</b>				
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1E												
15 Employee Required Contribution (see instructions)	\$ 0.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												
17 ZIP Code													