Employer-Provided Health In:					alth Insura	rance Offer and Coverag			ge void			OMB No. 1545-2251 6003-21		
Internal Revenue Service ► Go to www.irs.gov/Form1095C for instruction						for your records. CORRECTED and the latest information.					2022 8 Employer identification number (EIN)			
Part Employee 2 Social security number (SSN) ***-**-8071						Applicable Large Employer Member (Employer) 45-4737991							nicer (Cirt)	
RAVINDRA F	REDDY DAGGI	ULA				7 Name of employer TALECH, I	NC.							
3 Street address (including apartment no.) 562 NORTHRIDGE CROSSING DR						9 Street address (including room or suite no.) 4000 WEST BROADWAY 10 Contact telephone number 800-806-7009								
4 City or town 5 State or province SANDY SPRINGS GA			6 Country and	6 Country and ZIP or foreign postal code 30350		11 City or town ROBBINSDALE		12 State or province MN			13 Country and ZIP or foreign postal code 55422-2212			
Partill Employee Offer of Coverage Emplo					Employee's Age on January 1		ROBBINSDALE		Plan Start Month (enter 2-digit number):					
	All 12 Months	Jan	Feb	Mar		May June	July	Aug	Sept	Oct	Nov	I	Dec	
14 Offer of Coverage (enter required code)		1н	1н	1н	1н	1H 1E	1E	1E	1E	1E	1E		1E	
15 Employee Required Contribution (see instructions)	s	s	s			s 88.8	38 s 88.88	s 88.88	s 88.88	s 88.88	BB s 88.88 s		88.88	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A :	2D 2F	2F	2F	2F	2C	2C		2C	
17 ZIP Code For Privacy Act and P	aperwork Reductio	n Act Notice, see	separate instru	uctions.		Cat. No. 60705M			1		Form	1095-C	(2022)	
Form 1095-C (2022)					- Indiana							6003 Pa	320 age 3	
Part Covere	d Individuals –	2000 North Control	THE AVE NO WELL TO	tione and	check the box and enter				ge, including th		nths of coverage	-		
(a) Name of covered individual(s) First name, middle initial, last name						(b) SSN or other TIN	(c) DOB (if SSN or of TIN is not available	her (d) Covered all 12 months	Jan Feb Mar		ine July Aug Sep	_	Nov Dec	
RAVINDRA REDDY DAGGULA						***-**-8071						×	××	
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