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* for instructions and the latest information.

☐ VOID
☐ CORRECTED

OMB No. 1545-2251 600120

2022

Part I Employee

2 Social security number (SSN): ***-**-8995

1 Name of employee (first name, middle initial, last name): SONY UPPU

3 Street address (including apartment no.): 304 49TH STREET APT #3

4 City or town: UNION CITY
5 State or province: NJ
6 Country and ZIP or foreign postal code: 07087

Applicable Large Employer Member (Employer)

8 Employer identification number (EIN): 13-3640390

7 Name of employer: CITIBANK NA

9 Street address (including room or suite no.): 3800 CITIGROUP CENTER DR A-3

10 Contact telephone number: 800-881-3938

11 City or town: TAMPA
12 State or province: FL
13 Country and ZIP or foreign postal code: 33610

Part II Employee Offer of Coverage

Employee's Age on January 1

Plan Start Month (enter 2-digit number): 01

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1H	1H	1H	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)	$	$ 121.31	$ 121.31	$ 121.31	$ 121.31	$ 121.31	$	$	$	$	$	$	$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2B	2A	2A	2A	2A	2A	2A
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (2022)

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Form 1095-C (2022) Page 3

Part III Covered Individuals – If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☒

	(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
18	SONY UPPU	***-**-8995			X	X	X	X	X	X						
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