

Form 1095-C

# Employer-Provided Health Insurance Offer and Coverage

VOID  
 CORRECTED

GMB No. 1546-2251 600320

2022

Department of the Treasury  
Internal Revenue Service

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.

Employer identification number (EIN)  
26-0116361

<b>Part I Employee</b>		2 Social security number (SSN) ***-**-8995		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 26-0116361	
1 Name of employee (first name, middle initial, last name) SONY UPPU				7 Name of employer MORGAN STANLEY SERVICES GROUP INC,			
3 Street address (including apartment no.) 304 49TH STREET APT 3				9 Street address (including room or suite no.) 750 7TH AVE 6TH FLOOR - PAYROLL		10 Contact telephone number 877-674-7411	
4 City or town UNION CITY		5 State or province NJ	6 Country and ZIP or foreign postal code 07087	11 City or town NEW YORK	12 State or province NY	13 Country and ZIP or foreign postal code 10019-6800	

14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see instructions)												16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		17 ZIP Code	
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
		1H	1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E	1E		
	\$	\$	\$	\$	\$	\$	\$152.00	\$152.00	\$152.00	\$152.00	\$152.00	\$152.00	\$152.00	\$152.00		
		2A	2A	2A	2A	2D	2C	2C	2C	2C	2C	2C	2C	2C		

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

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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	
	SONY UPPU	***-**-8995								X	X	X	X	X	X	X	X
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