£ 1095-C									r your records.				□ VOID □ CORRECTED		OMB No. 1545-2251 6003-20		
Part Employee								Applicable Large Employer Member (Employer)									
Name of employee (first name, middle initial, last name) JAGADISH H HOSAMANI					2 Social security number (SSN) XXX-XX-2847			7 Name of employer IBM CORPORATION						8 Employer identification number (EIN) 13-0871985			
3 Street address (including apartment no.) 2255 RIVER PLAZA DR APT 189								Street address (including room or suite no.) ONE NEW ORCHARD ROAD						10 Contact telephone number 1-855-901-1222			
4 City or town SACRAMENTO		5 State or province 6			Country and ZIP or foreign postal code US 95833			11 City or town ARMONK			12 State or province NY			13 Country and ZIP or foreign postal code US 10504			
Part II Employ	yee Offer of C	overage		Emple	loyee's A	ge on Janua	ary 1:		The state of the s	Plan Start M	onth (enter 2-digit	number): 01			166		
	All 12 Months	Jan	Feb	Mar	ar	Apr	100	May	June	July	Aug	Sept	Oct	*	Nov	Dec	
14 Offer of Coverage (enter required code)	1E						Sec. 3		The state of the								
15 Employee Required Contribution (see instructions)	s 0.00	5	s	5	s		s		\$	\$	\$	\$	s		\$	s	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C																
17 ZIP Code		1201		ale T	100	7	45					The said				-	
For Privacy Act and P	Paperwork Reduc	tion Act Notice	, see separate inst	tructions.					Cat. No. 6070	D5M					Form	1095-C (2022)	

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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. (e) Months of coverage (c) DOB (if SSN or other TIN is not available) (b) SSN or other TIN × XXX-XX-2847 HOSAMANI 18 JAGADISH × 09-05-2014 HOSAMANI 19 RISHI × 04-22-1986 HOSAMANI 20 SHRIDEVI × 10-31-2010 21 SRUJAN HOSAMANI

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