HEALTH EQUITY
15 WEST SCENIC POINTE DRIVE, SUITE 400
DRAPER, UT 84020

051310 1535052 130472 130472 01 / 02

>011990 7483549 0001 8158 10Z
LAVANYA DENDI
5461 MOLINO
IRVINE, CA 92618

☐ CORRECTED (if checked)

TRUSTEE'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number HEALTHEQUITY CORPORATE 15 WEST SCENIC POINTE DRIVE SUITE 400 DRAPER, UT 84020	1 Employee or self-employed person's Archer MSA contributions made in 2022 and 2023 for 2022 $0.00 2 Total contributions made in 2022 $3,000.00	OMB No. 1545-1518 2022 Form 5498-SA	HSA, Archer MSA, or Medicare Advantage MSA Information
TRUSTEE'S TIN 52-2383166 / PARTICIPANT'S TIN ***-**-3667	3 Total HSA or Archer MSA contributions made in 2023 for 2022 $0.00		Copy B
PARTICIPANT'S name LAVANYA DENDI	4 Rollover contributions $0.00	5 Fair marker value of HSA, Archer MSA, or MA MSA $2,987.17	For Participant
Street address (including apt. no.) 5461 MOLINO City or town, state or province, country, and ZIP or foreign postal code IRVINE, CA 92618	6 HSA ☒ Archer MSA ☐ MA MSA ☐		This information is being furnished to the IRS.
Account number (see instructions) 23147525			

Form **5498-SA** (keep for your records) www.irs.gov/Form5498SA Department of the Treasury - Internal Revenue Service

Instructions for Participant

This information is submitted to the IRS by the trustee of your health savings account (HSA), Archer medical savings account (MSA), or Medicare Advantage MSA (MA MSA).

Generally, contributions you make to your Archer MSA are deductible. Employer contributions are excluded from your income and aren't deductible by you. If your employer makes a contribution to one of your Archer MSAs, you can't contribute to any Archer MSA for that year. If you made a contribution to your Archer MSA when your employer has contributed, you can't deduct your contribution, and you will have an excess contribution. If your spouse's employer makes a contribution to your spouse's Archer MSA, you can't make a contribution to your Archer MSA if your spouse is covered under a high deductible health plan that also covers you.

Contributions that the Social Security Administration makes to your MA MSA aren't includible in your gross income nor are they deductible. Neither you nor your employer can make contributions to your MA MSA.

Generally, contributions you or someone other than you employer make to your HSA are deductible on your tax return. Employer contributions to your HSA may be excluded from your income and aren't deductible by you. You and your employer can make contributions to your HSA in the same year.

See Form 8853 and its instructions or Form 8889 and its instructions. Any employer contributions made to an Archer MSA are shown on your Form W-2 in box 12 (code R); employer contributions made to an HSA are shown in box 12 (code W). For more information, see Pub. 969.

Participant's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employee identification number (EIN). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the trustee assigned to distinguish your account.

Box 1. Shows contributions you made to your Archer MSA in 2022 and through April 18, 2023, for 2022. You may be able to deduct this amount on your 2022 Form 1040. See the instructions for Form 1040.

Note: The information in boxes 2 and 3 is provided for IRS use only.

Box 2. Shows the total contributions made in 2022 to your HSA or Archer MSA. See Pub. 969 for who can make contributions. This includes qualified HSA funding distributions (trustee-to-trustee transfers) from your IRA to fund your HSA. The trustee of your MA MSA isn't required to, but may, show contributions to your MA MSA.

Box 3. Shows the total HSA or Archer MSA contributions made in 2023 for 2022.

Box 4. Shows any rollover contribution from an Archer MSA to this Archer MSA in 2022 or any rollover from an HSA or Archer MSA to this HSA. See Form 8853 or Form 8889 and their instructions for information about how to report distributions. This amount isn't included in box 1, 2, or 3.

Box 5. Shows the fair market value of your HSA, Archer MSA, or MA MSA at the end of 2022.

Box 6. Shows the type of account that is reported on this Form 5498-SA.

Other information. The trustee of your HSA, Archer MSA, or MA MSA may provide other information about your account on this form.

Note: Don't attach Form 5498-SA to your income tax return. Instead, keep it for your records.

Future developments. For the latest information about developments related to Form 5498SA and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form5498SA*.

Free File Program. Go to *www.irs.gov/FreeFile* to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. BHOME MORTGAGE LLC 6002 ROGERDALE ROAD SUITE 500 HOUSTON TX 77072 TELEPHONE: 832-613-9300	*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-1380 Form **1098** (Rev. January 2022) For calendar year 2022	**Mortgage Interest Statement**
	1 Mortgage interest received from payer(s)/borrower(s)* $ 1,325.43		**Copy B For Payer/ Borrower**
RECIPIENT'S/LENDER'S TIN: 85-1452488 / PAYER'S/BORROWER'S TIN: XXX-XX-3667	2 Outstanding mortgage principal $ 647,200.00	3 Mortgage origination date 05/19/2022	The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.
PAYER'S/BORROWER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code LAVANYA DENDI 3528 HOLLOW PINE DRIVE FRISCO TX 75033	4 Refund of overpaid interest $	5 Mortgage insurance premiums $	
	6 Points paid on purchase of principal residence $ 6,472.00		
	7 ☒ If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.		
	8 Address or description of property securing mortgage		
9 Number of properties securing the mortgage: 0 / 10 Other			11 Mortgage acquisition date
Account number (see instructions) 1501032164			

Form **1098** (Rev. 1-2022) (Keep for your records) Department of the Treasury - Internal Revenue Service

f1098_20230123155416890_670

Instructions for Payer/Borrower

A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least $600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.

If you received this statement as the payer of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount each borrower paid and points paid by the seller that represent each borrower's share of the amount allowable as a deduction. Each borrower may have to include in income a share of any amount reported in box 4.

If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the instructions for Schedule A, C, or E (Form 1040) for how to report the mortgage interest. Also, for more information, see Pub. 936 and Pub. 535.

Payer's/Borrower's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the lender has assigned to distinguish your account.

Box 1. Shows the mortgage interest received by the recipient/lender during the year. This amount includes interest on any obligation secured by real property, including a mortgage, home equity loan, or line of credit. This amount does not include points, government subsidy payments, or seller payments on a "buydown" mortgage. Such amounts are deductible by you only in certain circumstances.

CAUTION *If you prepaid interest in the calendar year that accrued in full by January 15, of the subsequent year, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in the calendar year paid even though it may be included in box 1.*

If you hold a mortgage credit certificate and can claim the mortgage interest credit, see Form 8396. If the interest was paid on a mortgage, home equity loan, or line of credit secured by a qualified residence, you can only deduct the interest paid on acquisition indebtedness, and you may be subject to a deduction limitation.

Box 2. Shows the outstanding principal on the mortgage as of January 1 of the calendar year. If the mortgage originated in the calendar year, shows the mortgage principal as of the date of origination. If the recipient/lender acquired the loan in the calendar year, shows the mortgage principal as of the date of acquisition.

Box 3. Shows the date of the mortgage origination.

Box 4. Do not deduct this amount. It is a refund (or credit) for overpayment(s) of interest you made in a prior year or years. If you itemized deductions in the year(s) you paid the interest, you may have to include part or all of the box 4 amount on the "Other income" line of your calendar year Schedule 1 (Form 1040). No adjustment to your prior year(s) tax return(s) is necessary. For more information, see Pub. 936 and *Itemized Deduction Recoveries* in Pub. 525.

Box 5. If an amount is reported in this box, it may qualify to be treated as deductible mortgage interest. See the calendar year Schedule A (Form 1040) instructions and Pub. 936.

Box 6. Not all points are reportable to you. Box 6 shows points you or the seller paid this year for the purchase of your principal residence that are required to be reported to you. Generally, these points are fully deductible in the year paid, but you must subtract seller-paid points from the basis of your residence. Other points not reported in box 6 may also be deductible. See Pub. 936 to figure the amount you can deduct.

Box 7. If the address of the property securing the mortgage is the same as the payer's/borrower's, either the box has been checked, or box 8 has been completed.

Box 8. Shows the address or description of the property securing the mortgage.

Box 9. If more than one property secures the loan, shows the number of properties securing the mortgage. If only one property secures the loan, this box may be blank.

Box 10. The interest recipient may use this box to give you other information, such as real estate taxes or insurance paid from escrow.

Box 11. If the recipient/lender acquired the mortgage in the calendar year, shows the date of acquisition.

Future developments. For the latest information about developments related to Form 1098 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form1098*.

Free File. Go to *www.irs.gov/FreeFile* to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

1098 / COPY B

FROM:
f1098_20230123155416890_670
BHOME MORTGAGE LLC
6002 ROGERDALE ROAD
SUITE 500
HOUSTON TX 77072

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

Presorted
First-Class Mail
U.S. POSTAGE
PAID
PBPS

LAVANYA DENDI
3528 HOLLOW PINE DR
FRISCO TX 75033-0814

☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. BHOME MORTGAGE LLC 6002 ROGERDALE ROAD SUITE 500 HOUSTON TX 77072 TELEPHONE: 832-613-9300	*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-1380 Form **1098** (Rev. January 2022) For calendar year 2022	**Mortgage Interest Statement**
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RECIPIENT'S/LENDER'S TIN 85-1452488 / PAYER'S/BORROWER'S TIN XXX-XX-3667	2 Outstanding mortgage principal $ 647,200.00	3 Mortgage origination date 05/19/2022	The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.
PAYER'S/BORROWER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code LAVANYA DENDI 3528 HOLLOW PINE DRIVE FRISCO TX 75033	4 Refund of overpaid interest $	5 Mortgage insurance premiums $	
	6 Points paid on purchase of principal residence $ 6,472.00		
	7 ☒ If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.		
9 Number of properties securing the mortgage 0 / 10 Other	8 Address or description of property securing mortgage		
Account number (see instructions) 1501032164			11 Mortgage acquisition date

Form **1098** (Rev. 1-2022) (Keep for your records) Department of the Treasury - Internal Revenue Service

f1098_20230123155416890_670

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Payer's/Borrower's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the issuer has reported your complete TIN to the IRS.

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Box 11. If the recipient/lender acquired the mortgage in the calendar year, shows the date of acquisition.

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Free File. Go to *www.irs.gov/FreeFile* to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

2022 W-2 and EARNINGS SUMMARY

ADP

W-2 Wage and Tax Statement 2022 — Employee Reference Copy

OMB No. 1545-0008

Copy C for employee's records.

d Control number	156103 NCN3/SA3
Dept.	
Corp.	
Employer use only	T 929
c Employer's name, address, and ZIP code	SO CAL GAS 488 8TH AVENUE SAN DIEGO CA 92101 Batch #04165
e/f Employee's name, address, and ZIP code	LAVANYA DENDI 3528 HOLLOW PINE DR FRISCO TX 75033
b Employer's FED ID number	95-1240705
a Employee's SSA number	XXX-XX-3667
1 Wages, tips, other comp.	51325.11
2 Federal income tax withheld	5702.85
3 Social security wages	57938.65
4 Social security tax withheld	3592.20
5 Medicare wages and tips	57938.65
6 Medicare tax withheld	840.11
7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12	C 58.29
12b	D 6613.54
12c	W 3000.00
12d	DD 5829.33
13 Stat emp. / Ret. plan / 3rd party sick pay	Ret. plan: X
14 Other	633.47 SDI
15 State / Employer's state ID no.	CA 001-5390 8
16 State wages, tips, etc.	54325.11
17 State income tax	3495.96
18 Local wages, tips, etc.	
19 Local income tax	
20 Locality name	

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	60,198.26	60,198.26	60,198.26	60,198.26
Plus GTL (C-Box 12)	58.29	58.29	58.29	58.29
Less Misc. Non Taxable Comp.	121.23-	121.23-	121.23-	121.23-
Less 401(k) (D-Box 12)	6,613.54	N/A	N/A	6,613.54
Less Other Cafe 125	1,439.13	1,439.13	1,439.13	1,439.13
Less Cafe 125 HSA (W-Box 12)	1,000.00	1,000.00	1,000.00	N/A
Plus ER PAID HSA (W-Box 12)	N/A	N/A	N/A	2,000.00
Reported W-2 Wages	51,325.11	57,938.65	57,938.65	54,325.11

2. Employee Name and Address.

LAVANYA DENDI
3528 HOLLOW PINE DR
FRISCO TX 75033

Fold and Detach Here

W-2 Wage and Tax Statement 2022 — Federal Filing Copy

OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp.	51325.11
2 Federal income tax withheld	5702.85
3 Social security wages	57938.65
4 Social security tax withheld	3592.20
5 Medicare wages and tips	57938.65
6 Medicare tax withheld	840.11
d Control number	156103 NCN3/SA3
Dept.	
Corp.	
Employer use only	T 929
c Employer's name, address, and ZIP code	SO CAL GAS 488 8TH AVENUE SAN DIEGO CA 92101
b Employer's FED ID number	95-1240705
a Employee's SSA number	XXX-XX-3667
7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12	C 58.29
12b	D 6613.54
12c	W 3000.00
12d	DD 5829.33
13 Stat emp. / Ret. plan / 3rd party sick pay	Ret. plan: X
14 Other	633.47 SDI
e/f Employee's name, address and ZIP code	LAVANYA DENDI 3528 HOLLOW PINE DR FRISCO TX 75033
15 State / Employer's state ID no.	CA 001-5390 8
16 State wages, tips, etc.	54325.11
17 State income tax	3495.96
18 Local wages, tips, etc.	
19 Local income tax	
20 Locality name	

FOLD AND DETACH HERE

W-2 Wage and Tax Statement 2022 — CA.State Reference Copy

OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp.	51325.11
2 Federal income tax withheld	5702.85
3 Social security wages	57938.65
4 Social security tax withheld	3592.20
5 Medicare wages and tips	57938.65
6 Medicare tax withheld	840.11
d Control number	156103 NCN3/SA3
Dept.	
Corp.	
Employer use only	T 929
c Employer's name, address, and ZIP code	SO CAL GAS 488 8TH AVENUE SAN DIEGO CA 92101
b Employer's FED ID number	95-1240705
a Employee's SSA number	XXX-XX-3667
7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a	C 58.29
12b	D 6613.54
12c	W 3000.00
12d	DD 5829.33
13 Stat emp. / Ret. plan / 3rd party sick pay	Ret. plan: X
14 Other	633.47 CA SDI
e/f Employee's name, address and ZIP code	LAVANYA DENDI 3528 HOLLOW PINE DR FRISCO TX 75033
15 State / Employer's state ID no.	CA 001-5390 8
16 State wages, tips, etc.	54325.11
17 State income tax	3495.96
18 Local wages, tips, etc.	
19 Local income tax	
20 Locality name	

FOLD AND DETACH HERE

W-2 Wage and Tax Statement 2022 — CA.State Filing Copy

OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp.	51325.11
2 Federal income tax withheld	5702.85
3 Social security wages	57938.65
4 Social security tax withheld	3592.20
5 Medicare wages and tips	57938.65
6 Medicare tax withheld	840.11
d Control number	156103 NCN3/SA3
Dept.	
Corp.	
Employer use only	T 929
c Employer's name, address, and ZIP code	SO CAL GAS 488 8TH AVENUE SAN DIEGO CA 92101
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a Employee's SSA number	XXX-XX-3667
7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a	C 58.29
12b	D 6613.54
12c	W 3000.00
12d	DD 5829.33
13 Stat emp. / Ret. plan / 3rd party sick pay	Ret. plan: X
14 Other	633.47 CA SDI
e/f Employee's name, address and ZIP code	LAVANYA DENDI 3528 HOLLOW PINE DR FRISCO TX 75033
15 State / Employer's state ID no.	CA 001-5390 8
16 State wages, tips, etc.	54325.11
17 State income tax	3495.96
18 Local wages, tips, etc.	
19 Local income tax	
20 Locality name	

RECIPIENT'S/LENDER'S name, address, and telephone no.	*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-1380	☐ CORRECTED (if checked)
MEMBER FIRST MORTGAGE 616 44TH ST. SE GRAND RAPIDS, MI 49548 1-866-636-1052		**2022** Form **1098**	**Mortgage Interest Statement**

RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	1 Mortgage interest received from payer(s)/borrower(s)*		Copy B For Payer/ Borrower
38-3616059	***-**-3667	$ 4,051.57		

PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

+ 2089478 000003643 9030

3,643

LAVANYA DENDI
5461 MOLINO
IRVINE CA 92618-4835

2 Outstanding mortgage principal	$ 151,715.00
3 Mortgage origination date	05/19/2022
4 Refund of overpaid interest	$ .00
5 Mortgage insurance premiums	$ .00
6 Points paid on purchase of principal residence	$ .00
7 If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.	☐
8 Address or description of property securing mortgage	3528 HOLLOW PINE DR FRISCO TX 75033
9 Number of properties securing the mortgage	01

10 Other

BEGINNING PRIN BAL	151,715.00
PRINCIPAL PAID	1,105.21
ENDING PRINCIPAL BAL	150,609.79

The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.

Account number (see instructions)	11 Mortgage acquisition date
5279002079	

Form **1098** (Keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service

M981UPNCP10-22

0001 · 0001 · 7285

RECIPIENT'S/LENDER'S name, address, and telephone no.

MEMBER FIRST MORTGAGE
616 44TH ST. SE
GRAND RAPIDS, MI 49548

1-866-636-1052

*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB No. 1545-1380

2022

Form 1098

☐ CORRECTED (if checked)

Mortgage Interest Statement

RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN
38-3616059	***-**-3667

1 Mortgage interest received from payer(s)/borrower(s)*
$ 4,051.57

Copy B
For Payer/ Borrower

PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

+ 2089478 000003643 9030

3,643

LAVANYA DENDI
5461 MOLINO
IRVINE CA 92618-4835

2 Outstanding mortgage principal
$ 151,715.00

3 Mortgage origination date
05/19/2022

4 Refund of overpaid interest
$ .00

5 Mortgage insurance premiums
$ .00

6 Points paid on purchase of principal residence
$ .00

7 If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8. ☐

The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.

9 Number of properties securing the mortgage
01

10 Other

BEGINNING PRIN BAL	151,715.00
PRINCIPAL PAID	1,105.21
ENDING PRINCIPAL BAL	150,609.79

8 Address or description of property securing mortgage

3528 HOLLOW PINE DR
FRISCO TX 75033

Account number (see instructions)
5279002079

11 Mortgage acquisition date

Form **1098** (Keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service

600120

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.

OMB No. 1545-2251

2022

Part I Employee

1 Name of employee (first name, middle initial, last name)	2 Social security number (SSN)
LAVANYA DENDI	****-**-3667
3 Street address (including apartment no.)	
3528 HOLLOW PINE DR	

4 City or town	5 State or province	6 Country and ZIP or foreign postal code
FRISCO	TX	75033-0814

Applicable Large Employer Member (Employer)

7 Name of employer	8 Employer identification number (EIN)
DELOITTE CONSULTING LLP	06-1454513
9 Street address (including room or suite no.)	10 Contact telephone number
4022 SELLS DRIVE	(212) 492-4705

11 City or town	12 State or province	13 Country and ZIP or foreign postal code
HERMITAGE	TN	37076-2903

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)		1H	1H	1H	1H	1A	1A	1A	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	$	$	$	$	$	$	$	$	$	$	$	$	$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2D	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code													

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	LAVANYA		DENDI	****-**-3667		☐	☐	☐	☐	☐	☒	☒	☒	☒	☒	☒	☒	☒
19	CHAKRADHAR REDDY		DENDI	****-**-4918		☐	☐	☐	☐	☐	☒	☒	☒	☒	☒	☒	☒	☒
20	Srinivas Reddy		Dendi	****-**-7261		☐	☐	☐	☐	☐	☒	☒	☒	☒	☒	☒	☒	☒
21	HARSHAVARDHAN REDD		DENDI	****-**-7256		☐	☐	☐	☐	☐	☒	☒	☒	☒	☒	☒	☒	☒
22						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐