Department of the Treasury
Internal Revenue Service

Go to *www.irs.gov/Form1095C* for instructions and the latest information.

CORRECTED

2022

Part I Employee

1 Name of employee (first name, middle initial, last name)	2 Social security number (SSN)
MADHURA R MALI	XXX-XX-9736

3 Street address (including apartment no.)	4 City or town	5 State or province	6 Country and ZIP or foreign postal code
43 LIBERTY WAY	SOUTH BOUND BROOK	NJ	US 08880

Applicable Large Employer Member (Employer)

7 Name of employer	8 Employer identification nu
MOODY'S INVESTORS SERVICE INC	13-1959883

9 Street address (including room or suite no.)	10 Contact telephone numb
7 WORLD TRADE CENTER 250 GREENWICH ST	2125531197

11 City or town	12 State or province	13 Country and ZIP or forei
NEW YORK	NY	US 10007

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
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	$	$	$	$	$	$ 125.01	$ 125.01	$ 125.01	$ 125.01	$ 125.01	$ 125.01	$ 125.01
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2D	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code												

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form 109

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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. ☒

	(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
18	MADHURA	R	MALI	XXX-XX-9736						X	X	X	X	X	X
19															
20															
21															
22															
23															
24															
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