

Go to [www.irs.gov/Form1095-C](https://www.irs.gov/Form1095-C) for instructions and the latest information.**Part I** Employee

1 Name of employee (Do not include middle initial last name) PATRICK A. PATULLA		2 Social security number (SSN) XXX-XX-4444	3 Applicable Large Employer Member (Employer) Name of employer ABC COMPANY, INC. 110 Street address (do not include P.O. box) 100 MANHATTAN STREET City or town NEW YORK			4 Employer identification number (EIN) 12-3456789
5 Street address (including apartment no.) 110 W. 111th Street, 12D		6 State or province NY	7 Country and ZIP or foreign postal code US 10036	8 City or town NEW YORK	9 State or province NY	10 Country and ZIP or foreign postal code US 10003

**Part II** Employee Offer of Coverage

Employee's Age on January 1:

Plan Start Month (enter 1 digit number): 01

11 Offer of Coverage (see instructions)	12 Months of Coverage												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
13 If no coverage was offered													
14 If coverage was offered	1F	1F	1F	1F	1F	1F	1F	1F	1F	1F	1F	1F	1F
15 If no coverage was offered													
16 If coverage was offered	\$	\$	\$	\$	\$	\$	\$	\$ 61.00	\$ 61.00	\$ 61.00	\$ 61.00	\$ 61.00	\$ 61.00
17 If no coverage was offered													
18 If coverage was offered	2A	2A	2A	2A	2A	2D	2C	2C	2C	2C	2C	2C	2C
19 ZIP Code													

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

Cat No: 83209R

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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.

16 Name of covered individual (For spouse, include entire last name)	17 SSN or other TIN	18 COB (P 33b) or other TIN (if not available)	19 Covered all 12 months	20 Months of Coverage													
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
16 PATRICK A. PATULLA	17 XXX-XX-4444											X	X	X	X	X	X
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