

# Employer-Provided Health Insurance Offer and Coverage

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.

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 CORRECTED

OMB No. 1545-2751 600320

2022

<b>Part I</b> Employee		2 Social security number (SSN) ***-**-8489	Applicable Large Employer Member (Employer)			8 Employer identification number (EIN) 74-2782655
1 Name of employee (first name, middle initial, last name) VINEETH POTU		7 Name of employer AT&T SERVICES, INC.				
3 Street address (including apartment no.) 7 TETKOSKI CT		9 Street address (including room or suite no.) PO BOX 460650			10 Contact telephone number 877-722-0020	
4 City or town FLORENCE	5 State or province NJ	6 Country and ZIP or foreign postal code 08518-0000	11 City or town ST. LOUIS	12 State or province MO	13 Country and ZIP or foreign postal code 63146	

14 Offer of Coverage (enter required code)	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		
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 25.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2D	2C	
17 ZIP Code															

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

Cat No 60705M

Form 1095-C (2022)

<b>Part III Covered Individuals</b> – If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>																	
(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 VINEETH POTU	***-**-8489															X	X
19 VIYAN POTU	***-**-4914															X	X
20 TEJASRI SAMINENI	***-**-0189															X	X
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