

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.

VOID

CORRECTED

OMB No. 1545-2251

2022

Part I Employee				Applicable Large Employer Member (Employer)					
1 Name of employee (first name, middle initial, last name) Harika, Nannapaneni		2 Social security number (SSN) XXX-XX-7929		7 Name of employer Hcl Global Systems, Inc			8 Employer identification number (EIN) 13-4309337		
3 Street address (including apartment no.) 1615 Bering Road,				9 Street address (including room or suite no.) 24543 Indoplex Circle, Suite 220			10 Contact telephone number (248) 473-0720		
4 City or town Wesley Chapel		5 State or province FL		6 Country and ZIP or foreign postal code US 33543		11 City or town Farmington Hills		12 State or province MI	13 Country and ZIP or foreign postal code US 48335

Part II Employee Offer of Coverage	Employee's Age on January 1							Plan Start Month (enter 2-digit number):					
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code) 1E													
15 Employee Required Contribution (see instructions) \$ 200.63	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C													
17 ZIP Code													

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

Cat. No. 60705M

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