

Azzur San Diego LLC
 9920 Pacific Heights Blvd Ste 150
 San Diego CA, 92121-4361

Vignesh Ram Kumar Raiendran
 11395 Zapata Avenue Apt 57
 San Diego, CA 92126

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) Vignesh Ram Kumar Rajendran		2 Social security number (SSN) 295-65-1297		7 Name of employer Azzur San Diego LLC				8 Employer identification number (EIN) 84-2520476					
3 Street address (including apartment no.) 11395 Zapata Avenue Apt 57				9 Street address (including room or suite no.) 9920 Pacific Heights Blvd Ste 150				10 Contact telephone number 215-322-8322 x506					
4 City or town San Diego		5 State or province CA		6 Country and ZIP or foreign postal code US 92126				11 City or town San Diego		12 State or province CA		13 Country and ZIP or foreign postal code US 92121-4361	
Part II Employee Offer of Coverage				Employee's Age on January 1					Plan Start Month (Enter 2-digit number): 01				
14 Offer of Coverage (Enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	1A												
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	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	
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