

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

2022

Part I Employee

Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name) YAMINI KURNOOL GANDLA		2 Social security number (SSN) XXX-XX-0494		7 Name of employer AMAZON.COM SERVICES LLC		8 Employer identification number (EIN) 82-0544687			
3 Street address (including apartment no.) 12610 RIATA TRACE PARKWAY APT 318				9 Street address (including room or suite no.) PO BOX 81226				10 Contact telephone number 866-644-2696	
4 City or town AUSTIN		5 State or province TX		6 Country and ZIP or foreign postal code US 78727		11 City or town SEATTLE		12 State or province WA	
								13 Country and ZIP or foreign postal code US 98108	

Part II Employee Offer of Coverage

Employee's Age on January 1:

Plan Start Month (enter 2-digit number): 04

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	1H	1H	1H	1H	1H	1H	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2D	2C	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 1095-C (2022)

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.

18	(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	YAMINI KURNOOL GANDLA	XXX-XX-0494										X	X	X	X	X	X	X	X
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			
27																			
28																			
29																			
30																			