

Employer-Provided Health Insurance Offer and Coverage

Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

VOID
 CORRECTED

600120
 OMB No. 1545-2251

2022

Part I Employee

1 Name of employee (first name, middle initial, last name) Praneeth S Vaddepalli		2 Social security number (SSN) 640-69-0648
3 Street address (including apartment no.) 4038 SE 78th Ave		
4 City or town Hillsboro	5 State or province OR	6 Country and ZIP or foreign postal code 97123

Part II Employee Offer and Coverage

	All 12 Months	Jan	Feb	Mar	Apr	May
14 Offer of Coverage (enter required code) 15 Employee Required Contribution (see instructions)	1A					
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 covered individual

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months
18 Praneeth Vaddepalli	640-69-0648	11/17/1994	<input checked="" type="checkbox"/>
19			<input type="checkbox"/>
20			<input type="checkbox"/>
21			<input type="checkbox"/>
22			<input type="checkbox"/>
23			<input type="checkbox"/>

Applicable Large Employer Member (Employer)

7 Name of employer Milgard Manufacturing LLC		8 Employer Identification Number (EIN) 91-0748499
9 Street address (including room or suite no.) 1010 54th E Ave		10 Contact Telephone Number (800) 645-4273
11 City or town Tacoma	12 State or province WA	13 Country and ZIP or foreign postal code 98424

Employee's Age on January 1: Plan Start Month: 01

June	July	Aug	Sept	Oct	Nov	Dec

(e) Months of Coverage

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Form **1095-C** (2022)

Milgard Manufacturing LLC
 1010 54th E Ave
 Tacoma, WA 98424

104760 321223 **1095-C**
 Praneeth Vaddepalli
 4038 SE 78th Ave
 Hillsboro, OR 97123