

FEDERAL NATIONAL MORTGAGE ASSOCI  
1100 15TH STREET NW  
WASHINGTON, DC 20005



\*P22PNA95CPY0000033502A419A069\*

040758 RO9MRW01 P22 0131 94C8F 000004693  
VASUDEVARAO MANNEM  
12877 GREENHAVEN DR  
FRISCO, TX 75035

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

600120

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](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-2251

**2022**

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| <b>Part I Employee</b>  |  |  |  | <b>Applicable Large Employer Member (Employer)</b>                           |  |   |  |
| 1 Name of employee (first name, middle initial, last name)<br><b>VASUDEVARAO MANNEM</b> |  | 2 Social security number (SSN)<br><b>XXX-XX-3135</b> |  | 7 Name of employer<br><b>FEDERAL NATIONAL MORTGAGE ASSOCI</b>                |  | 8 Employer identification number (EIN)<br><b>52-0883107</b>   |  |
| 3 Street address (including apartment no.)<br><b>12877 GREENHAVEN DR</b>                |  |  |  | 9 Street address (including room or suite no.)<br><b>1100 15TH STREET NW</b> |  | 10 Contact telephone number<br><b>202-752-1234</b>            |  |
| 4 City or town<br><b>FRISCO</b>   |  | 5 State or province<br><b>TX</b>                     |  | 6 Country and ZIP or foreign postal code<br><b>USA 75035</b>                 |  | 11 City or town<br><b>WASHINGTON</b>                          |  |
|   |  |  |  | 12 State or province<br><b>DC</b>  |  | 13 Country and ZIP or foreign postal code<br><b>USA 20005</b> |  |

| 14 Offer of Coverage (enter required code)           | 15 Employee Offer of Coverage |     |     |     |     |     |      |      |     |      |     |     | 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) |             |  |
|--|-------------------------------|-----|-----|-----|-----|-----|------|------|-----|------|-----|-----|---|-------------|--|
|  | All 12 Months                 | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec   | 17 ZIP Code |  |
| <b>1E</b>  |                               |     |     |     |     |     |      |      |     |      |     |     |   |             |  |
| 15 Employee Required Contribution (see instructions) | \$ <b>74.50</b>               | \$  | \$  | \$  | \$  | \$  | \$   | \$   | \$  | \$   | \$  | \$  | \$  |             |  |
| <b>2G</b>  |                               |     |     |     |     |     |      |      |     |      |     |     |   |             |  |

**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)<br>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 |  |                      |  | <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"/> |
| 19 |  |                      |  | <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"/> |
| 20 |  |                      |  | <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"/> |
| 21 |  |                      |  | <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"/> |
| 22 |  |                      |  | <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"/> |
| 23 |  |                      |  | <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"/> |