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* for instructions and the latest information.

OMB No. 1545-2251

2022

Part I Employee

1 Name of employee (first name, middle initial, last name)		2 Social security number (SSN)
SANTOSH	MAHENDRA	***-**-0673

3 Street address (including apartment no.)		
38025 CONRAD ST		
4 City or town	**5** State or province	**6** Country and ZIP or foreign postal code
FREMONT	CA	94536-3923

Applicable Large Employer Member (Employer)

7 Name of employer	8 Employer identification number (EIN)
SALESFORCE.COM INC	94-3320693
9 Street address (including room or suite no.)	**10** Contact telephone number
415 MISSION STREET	(855) 376-5627

11 City or town	12 State or province	13 Country and ZIP or foreign postal code
SAN FRANCISCO	CA	94105

Part II Employee Offer of Coverage

Employee's Age on January 1 — **Plan Start Month** (enter 2-digit number): 01

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	$	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	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
18				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23				☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Hewlett Packard Enterprise Company
1701 EAST MOSSY OAKS ROAD
SPRING, TX 77389

0061126**000201**000001**********AUTO**ALL FOR AADC 945**000005

PRATHYUSHA VEMULA
38025 CONRAD ST
FREMONT CA 94536-3923
0061126

600120

Form 1095-C

Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

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☐ VOID
☐ CORRECTED

OMB No. 1545-2251

2022

Part I Employee

1 Name of employee (first name, middle initial, last name)	2 Social security number (SSN)
Prathyusha Vemula	xxx-xx-7395
3 Street address (including apartment no.)	
38025 Conrad St	
4 City or town	5 State or province	6 Country and ZIP or foreign postal code
Fremont	CA	USA 94536

Applicable Large Employer Member (Employer)

7 Name of employer	8 Employer identification number (EIN)
Hewlett Packard Enterprise Company	47-3298624
9 Street address (including apartment no.)	10 Contact telephone number
1701 EAST MOSSY OAKS ROAD	8445375304
11 City or town	12 State or province	13 Country and ZIP or foreign postal code
SPRING	TX	USA 77389

Part II Employee Offer and Coverage

Employee's Age on January 1

Plan Start Month: 01

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
	1A												
15 Employee Required Contribution (see instructions)	$	$	$	$	$	$	$	$	$	$	$	$	$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2G												
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	Jun	Jul	Aug	Sep	Oct	Nov	Dec
18			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
25			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
26			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐