

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

Part I Employee		2 Social security number (SSN) ***-**-3140		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 99-0154401	
1 Name of employee (first name, middle initial, last name) AMARENDRA KOTTI				7 Name of employer WIPRO LIMITED			
3 Street address (including apartment no.) 15510 RANCH ROAD 620 N APT 06204				9 Street address (including room or suite no.) 2 TOWER CENTER BLVD STE 2200			
4 City or town AUSTIN		5 State or province TX		6 Country and ZIP or foreign postal code 78717		11 City or town EAST BRUNSWICK	
						12 State or province NJ	
						13 Country and ZIP or foreign postal code 08816	

14 Offer of Coverage (enter required code)	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			
		1H	1H	1H	1H	1H	1H	1H	1H	1H	1E	1E	1E			
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 170.00	\$ 170.00	\$ 170.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2A	2A	2A	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 AMARENDRA KOTTI	***-**-3140															X	X	X	
19 LAKSHMI PRASANNA GAJULA		1993-04-19															X	X	X
20 CHAITRA KOTTI		2017-07-22															X	X	X
21 LISHIKA KOTTI		2020-11-28															X	X	X
22																			
23																			
24																			
25																			
26																			
27																			
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