

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) ***-**-3461		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 36-4231718	
1 Name of employee (first name, middle initial, last name) SATYA VEERA PAVAN KUMAR MADDUKURI				7 Name of employer NORCRAFT COMPANIES LP			
3 Street address (including apartment no.) 2330 N OLIVER APT 322				9 Street address (including room or suite no.) ONE MASTERBRAND CABINETS DRIVE			
4 City or town WICHITA		5 State or province KS		6 Country and ZIP or foreign postal code 67220		10 Contact telephone number 844-321-3247	
				11 City or town JASPER		12 State or province IN	
						13 Country and ZIP or foreign postal code 47546	
						Plan Start Month (enter 2-digit number): 01	

14 Offer of Coverage (enter required code)	Employee's Age on January 1												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
		1A	1A	1A	1E	1H	1H	1H	1H	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$ 85.63	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2A	2A	2A	2A	2A	2A	2A	2A

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.

	(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	SATYA VEERA PAVAN KUMAR MADDUKURI	***-**-3461			X	X	X	X									
19	RAJYA LAKSHMI BATHULA		1993-08-28		X	X	X	X									
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	