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BETHLEHEM SHARED SERVICES LLC 1911 SPILLMAN DRIVE BETHLEHEM, PA 18015



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

019453 RO9MQM01 ZST 0055 8FF46 000000190 ANIL SEPURI 9681 COLTS NECK LANE CONCORD, NC 28027

Form 1095-C (2022)

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

Do not attach to your tax return. Keep for your records.  Go to www.irs.gov/Form1095C for instructions and the latest information.  Part I Employee  I Name of employee (first name, middle initial, last name)  ANIL SEPURI  3 Street address (including apartment no.)  9681 COLTS NECK LANE  4 City or town  CONCORD  NC  VSA 28027  BETHLEHEM  PA  USA 1801  Part II Employee Offer of Coverage    Mar   Apr   May   June   July   Aug   Sept   Oct   Nov	number 00 foreign postal cod 5
Internal Revenue Service  Go to www.irs.gov/Form1095C for instructions and the latest information.  Applicable Large Employer Member (Employer)  1 Name of employee (first name, middle initial, last name)  ANIL SEPURI  3 Street address (including apartment no.)  9681 COLTS NECK LANE  4 City or town  5 State or province  CONCORD  NC  USA 28027  BETHLEHEM  PA  USA 1801  12 State or province  CONCORD  Part II Employee Offer of Coverage  Employee's Age on January 1  14 Offer of Coverage (enter required code)  14 In Ith	ation number (EIN ) number 00 foreign postal cod 5
1 Name of employee (first name, middle initial, last name) ANIL SEPURI  3 Street address (including apartment no.) 9681 COLTS NECK LANE 4 City or town CONCORD  NC  CONCORD  AII 12 Months Jan Feb Mar Apr May June July Aug Sept Oct Nov  14 Cifer of Coverage (enter required code) 1 H 1 H 1 H 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E	number 00 foreign postal cod 5
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3 Street address (including apartment no.) 9681 COLTS NECK LANE 1911 SPILLMAN DRIVE 484-285-04 4 City or town CONCORD 1912 State or province 19 Street address (including room or suite no.) 10 Contact telephone 484-285-04 11 City or town BETHLEHEM PA USA 1801 12 State or province 13 Country and ZiP or town BETHLEHEM PA USA 1801 14 Offer of Octoor of Octoo	number  OO foreign postal cod  01
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15 Employee Required	1H
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Instructions) S S \$ 86.00\$ 86.00\$ 86.00\$ 86.00\$ 86.00\$	\$
16 Section 4980H Safe Harbor and	
Other Relief (enter	2A
code, if applicable) 2D 2D 2H 2H 2H 2H 2H 2B 2A 2A	ZA
17 ZIP Code	ALC: NOTE:
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)  (b) SSN or other TIN (c) DOB (if SSN or other (d) Covered (e) Months of coverage	displicate.
First name, middle initial, last name TIN is not available) ell 12 months Jan Feb Mar Apr May June July Aug Sept Oct	Nov Dec
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