



ZST 0055 8FF46 000000190

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BETHLEHEM SHARED SERVICES LLC
1911 SPILLMAN DRIVE
BETHLEHEM, PA 18015



ZSTPNA95CP90000005959A412A303

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

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

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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.

VOID
CORRECTED

OMB No. 1545-2261

2022

Part I Employee and Applicable Large Employer Member (Employer)
1 Name of employee (first name, middle initial, last name) ANIL SEPURI
2 Social security number (SSN) XXX-XX-3398
7 Name of employer BETHLEHEM SHARED SERVICES LLC
8 Employer identification number (EIN) 46-5489840
3 Street address (including apartment no.) 9681 COLTS NECK LANE
9 Street address (including room or suite no.) 1911 SPILLMAN DRIVE
10 Contact telephone number 484-285-0400
4 City or town CONCORD
5 State or province NC
6 Country and ZIP or foreign postal code USA 28027
11 City or town BETHLEHEM
12 State or province PA
13 Country and ZIP or foreign postal code USA 18015

Part II Employee Offer of Coverage
Table with columns for months (All 12 Months, Jan, Feb, Mar, Apr, May, June, July, Aug, Sept, Oct, Nov, Dec) and rows for Offer of Coverage (14), Employee Required Contribution (15), and Section 4980H Safe Harbor and Other Relief (16).

Part III Covered Individuals
Table with columns for (a) Name of covered individual(s), (b) SSN or other TIN, (c) DOB (if SSN or other TIN is not available), (d) Covered all 12 months, and (e) Months of coverage (Jan-Dec).