

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. 1545-2251 600320

2022

Part I Employee

1 Name of employee (first name, middle initial, last name) SHIVA JYOTHI MIDUTHURI		2 Social security number (SSN) ***-**-1829	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 22-3408857
3 Street address (including apartment no.) 150 LINCOLN BOULEVARD APT 4308			7 Name of employer NOKIA OF AMERICA CORPORATION		9 Street address (including room or suite no.) 3201 OLYMPUS BLVD. ATTN: TAX DEPARTMENT SUITE 600-369
4 City or town MIDDLESEX	5 State or province NJ	6 Country and ZIP or foreign postal code 08846	11 City or town DALLAS	12 State or province TX	10 Contact telephone number 888-232-4111
			13 Country and ZIP or foreign postal code 75019		

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)	All 12 Months	Employee's Age on January 1											
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
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													

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.

18	(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
	SHIVA JYOTHI MIDUTHURI	***-**-1829			X	X	X	X	X	X	X	X	X	X	X	X
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