E 1095-C Department of the Tre- Internal Revenue Servi	asury		nce Offer and Coverage						OMB No. 1545-2231 6003-20 CTED 2022								
Port Emplo	ovee	-Nel lest name)		12 Socie	al security number (SSN)	7 Name of employer	e Employer Membe	(Employer)	4								_
1 Name of employee (f	1 1	KHODE			-XX-7028	IBM CORPORA						8 E	mployer ide 3-087	entification	on numb	er (EIN)	-
3 Street address (included add	plaza DR	APT 189A	are a		100	9 Street address (including room or suite no.) ONE NEW ORCHARD ROAD					10 Contact telephone number 1-855-901-1222						-
SACRAMENTO		5 State or province CA		6 Country and US 958	ZIP or foreign postal code	ARMONK	State or province					13 Country and ZIP or foreign postal co					
Part II Employ	yee Offer of Co	verage	1 8 88		Age on January 1:	THE TOTAL	Plan Start Month		nber): (01			US 105	004		- 1	
	All 12 Months	Jan	Feb	Mar	the second second second second	May June	July	Aug	Se	-	0	od	1 6	Vov	_	Dec	-
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Employee Required ontribution see instructions)	\$	s		s	s , ,						. 0	00		00		.00	-
Section 4980H Safe arbor and Other elief (enter code, applicable)	4	2A	2A	2A	2A	2A 2A	2A	2A	21		20		20			2C	The state of the s
ZIP Code					T. C. C.	10: 2 3: 5:		\$ 15 CO				Life.					-
Form 1095-C (2022)																320 320 3	
Cover	red Individuals	self-insured cove	erage, check	the box and ente	er the information for e	ach individual enrolle	d in coverage, includ	ng the employ	vee.	×							
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Form1095-C (2022