

VOID CORRECTED

OMB No. 1545-2251

2022 Form 1095-C

Part I APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

Cummins Inc
500 Jackson Street
Columbus IN 47201
Tel. 6157648227

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

EMPLOYEE'S (first name, middle initial, last name) address, ZIP/postal code & country

Varsha Suryakant Jadhav
3155 Chapel Oaks Drive Unit no 306
Coppell TX 75019

APPLICABLE LARGE EMPLOYER'S identification number (EIN)
350257090

EMPLOYEE'S social security number (SSN)
XXX-XX-9451

Part II Employee Offer of Coverage Employee's Age on January 1³⁶

Plan Start Mo. (enter 2-digit no.):	14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see instructions)	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	17 Zip Code
1				
All 12 Months	1D	\$ 77.19	2C	
Jan		\$		
Feb		\$		
Mar		\$		
Apr		\$		
May		\$		
June		\$		
July		\$		
Aug		\$		
Sept		\$		
Oct		\$		
Nov		\$		
Dec		\$		

Employer Provided Health Insurance Offer and Coverage

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

Department of the Treasury - IRS

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 mos.	(e) Months of coverage														
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
18	Varsha Suryakant Ja	XXX-XX-9451		X															
19																			
20																			
21																			

22																			
23																			
24																			
25																			
26																			
27																			
28																			
29																			
30																			
31																			
32																			
33																			
34																			
35																			