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Employer-Provided Health Insurance Offer and Coverage Do not attach to your tax return. Keep for your records.

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1095-C partment of the Treasury	Do to www.	not attach to your tax return. Reep to rs.gov/Form1095C for instructions an	d the latest information.		
mal Revenue Service	GO to www.		Applicable Large Emplo	oyer Member (Employer)	8 Employer identification number (EIN)
Part I Employee	talla leitial last nama)	12 Social Security Harrison (Sec. 1)	7 Name of employer AMAZON . COM SERV	TCES LLC	82-0544687 10 Contact telephone number
ame of employee (first name, mid SAI KUMAR	KESAKLIA VENKATI	AAA-AA 1232	9 Street address (including room	or suite no.)	866-644-2696
treet address (including apartmer	nt no.)		PO BOX 81226	12 State or province	13 Country and ZIP or foreign postal code
	APT 516 KANSAS CITY 5 State or province	6 Country and ZIP or foreign postal code US 64111	DEMILIE	WA	US 98108
KANSAS CITY	MO	US 64111	Plan	Start Month (enter 2-digit number): 01	Page 1

	MO		US 041	111			New Chart Mon	th (enter 2-digit n	umber): 01			
- Offer of Co	A STATE OF THE PARTY OF THE PAR		Employee's	Age on Janua	ıry 1:					Oct	Nov	Dec
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions

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Covered Individuals	check the box and enter the inform	nation for each individual enrolled	in coverage, including	the employe	10.	XI	MIL		(e) Mor	nths of	coveraç	е		1
6-1.1	insured coverage, check the box and enter the inform Name of covered individual(s) ame, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	Jan	Feb	Mar	Apr	May J	une J	uly Au	Sept	Oct	No
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