

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

VOID
 CORRECTED

OMB No. 1545-2251
600120
2022

Go to www.irs.gov/Form1095C for instructions and the latest information.

Part I Employee		Applicable Large Employer Member (Employer)			
1 Name of employee (first name, middle initial, last name) SAI KUMAR KESARLA VENKATA		2 Social security number (SSN) XXX-XX-7498	7 Name of employer AMAZON.COM SERVICES LLC		8 Employer identification number (EIN) 82-0544687
Street address (including apartment no.) 214E ARMOR BLVD APT 516 KANSAS CITY		6 Country and ZIP or foreign postal code US 64111	9 Street address (including room or suite no.) PO BOX 81226		10 Contact telephone number 866-644-2696
City or town KANSAS CITY	5 State or province MO	11 City or town SEATTLE	12 State or province WA		13 Country and ZIP or foreign postal code US 98108

Part II Employee Offer of Coverage	Employee's Age on January 1:												Plan Start Month (enter 2-digit number): 01													
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code) 1H																										
15 Employee Required Contribution (see instructions) \$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A													2D
17 ZIP Code																										

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

Cat. No. 60705M

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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. <input checked="" type="checkbox"/>												(e) Months of coverage											
	(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	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec								
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