

Form **1095-C**

Employer-Provided Health Insurance Offer and Coverage

VOID

OMB No. 1545-2251

CORRECTED

2022

Department of the Treasury
Internal Revenue Service

Do not attach to your tax return. Keep for your records.
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) Sri PreethamSai Ravula	2 Social security number (SSN) XXXXX4439	7 Name of employer Dematic ALE	8 Employer identification number (EIN) 04-3834872	9 Street address (including room or suite no.) 507 Plymouth AVE		10 Contact telephone number 616-913-6526
3 Street address (including apartment no.) 1007 North Black River Drive, Apt#3			11 City or town Grand Rapids		12 State or province MI	13 Country and ZIP or foreign postal code US 49505
4 City or town Holland	5 State or province MI	6 Country and ZIP or foreign postal code US 49424				

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		
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1H	1H	1H	1K	1K	1K	1K	
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$52.80	\$52.80	\$52.80	\$52.80		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2A	2A	2D	2C	2C	2C	2C	
17 Zip Code															

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

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage												
				Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	
18 Sri Preeth	Ravula	XXXXX4439										X	X	X	X	X
19																
20																
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																

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

Cat. No. 60705M

Form 1095-C (2022)

Important Tax Document Enclosed

Dematic ALE
507 Plymouth AVE
Grand Rapids MI US 49505

[108346 01] [1365]
[195981] [1367]

1/29/2023
First-Class Mail
Presorted
U.S. Postage Paid
Miami, FL
Permit 893

Sri PreethamSai Ravula
1007 North Black River Drive, Apt#3
Holland MI US 49424