1095-C

Employer-Provided Health Insurance Offer and Coverage

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

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

☐ VOID
☐ CORRECTED

OMB No. 1545-2251   600120

2022

Part I Employee

	Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name)
PREETI ... AV

2 Social security number (SSN)
XXX-XX-9770

7 Name of employer
... IP USA, INC.

8 Employer identification number (EIN)
61-6...1791

3 Street address (including apartment no.)
... KN

9 Street address (including room or suite no.)
1... PARK ROW

10 Contact telephone number
P... 213-9673

4 City or town
KATY

5 State or province
TX

6 Country and ZIP or foreign postal code
TX 77494

11 City or town
HOUSTON

12 State or province
TX

13 Country and ZIP or foreign postal code
US 77084

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)	1E												
15 Employee Required Contribution (see instructions)	$ 12.00	$	$	$	$	$	$	$	$	$	$	$	$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												
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. ☒

(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	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18 PREETI	YADAV	XXX-XX-9770		✗												
19 JIA	SRIVASTAV	XXX-XX-2669		✗												
20 NEAL	SRIVASTAV	XXX-XX-8586		✗												
21 ABHISHEK	SRIVASTAV	XXX-XX-5861		✗												
22 KRISH	SRIVASTAV	XXX-XX-2539		✗												
23																
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