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BRAHMANI

CHENNA KESAVA REDD

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Department of the Treasury Internal Revenue Service 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.

OMB No. 1545-2251 2022

P00750

Employee				A	nlianhla I a	Emplo	vor Membe	r (Employer)	r)	
1 Name of employee Hind name middle into				AM	Applicable Farge Findings member	a go mino	901 1110111110	1	1	/CIND
CHENNA KESAVA REDDY BAVANASI		2 Social security number (SSN)	umber (SSN)	7 Name of employer	oyer	חואום מיייים	OINIC	8 Emple	8 Employer identification number (EIN) 06-1245051	51
3 Street address (including apartment no.)				9 Street address (including room or suite no.)	s (including room	or suite no.)		10 Conta	10 Contact telephone number	mber
OVIEW PL				55 GLENLAKE PARKWAY NE	KE PARKW	/AY NE			(404) 828-7799	7799
5 State or provi	6	Country and ZIP or	6 Country and ZIP or foreign postal code 11 City or town	11 City or town		12 State or province	vince	13 Countr	13 Country and ZIP or foreign postal code	gn postal code
2		40245-3304	-3304	ATLANTA			GA		30328	
Employee Offer of Coverage		Employ	Employee's Age on January 1	lanuary 1		Plan Start	Month (ent	Plan Start Month (enter 2-digit number): 01	nber): 01	
	Feb N	Mar Apr	May	luno.	linky	ΔΙΙΩ	Sent	Oct o	Nov	Dec
14 Offer of Coverage (enter required code) 1H 1	1H 1	1H 1H		1H	1H	1H	主	m	m	1E
15 Employee Required Contribution (see instructions) \$	€	↔	φ	9	S	7)	A	16.87	16.87	\$ 16.87
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2A 2A		2A 2A		2A	2A	2D	2D	N		
17 ZIP Code	1		1	1	1 1		1		1 1 1	
Part III Covered Individuals										

(a) Name of cove First name, middle If Employer

er p	provided self-insure	er provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.	e box and enter in	e informatio	on for e	ach inc	vidual	enrolled	in cov	erage, I	ncludin	g the e	mploye	e.		
vered	vered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other (d) Covered	(d) Covered					(e)	(e) Months of coverage	of coverage	je				
lle in	de initial, last name		TiN is not available) all 12 months	all 12 months	Jan	Feb	Mar	Apr	May	eung	July	Aug	Sept	Oct	Nov	Dec
	BAVANASI	****_**-4309												\times	\times	\times
	NELAVALLI	****-4311												×	\times	\times