

**Employer-Provided Health Insurance Offer and Coverage**

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

Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

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<b>Part I Employee</b>		<b>Applicable Large Employer Member (Employer)</b>			
1 Name of employee (first name, middle initial, last name) NITISH TIPPARAJU		2 Social security number (SSN) XXX-XX-3448		7 Name of employer AMAZON WEB SERVICES INC	
3 Street address (including apartment no.) 1187 HOLLOW PINE DR		6 Country and ZIP or foreign postal code US 32765		8 Employer identification number (EIN) 20-4938068	
4 City or town OVIEDO		5 State or province FL		9 Street address (including room or suite no.) PO BOX 81226	
11 City or town SEATTLE		12 State or province WA		10 Contact telephone number 866-644-2696	
13 Country and ZIP or foreign postal code US 98108					

<b>Part II Employee Offer of Coverage</b>		Employee's Age on January 1:					Plan Start Month (enter 2-digit number): 04							
	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) \$ 33.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C														
17 ZIP Code														

<b>Part III Covered Individuals</b>		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"/>														
(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	NITISH TIPPARAJU	XXX-XX-3448		X												
19	VEDANSHI R TIPPARAJU	XXX-XX-3022		X												
20	ISHANVI S TIPPARAJU	XXX-XX-6133		X												
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