

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

Part I Employee

Applicable Large Employer Member (Employer)

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| 1 Name of employee (first name, middle initial, last name) PRASANNA KUMAR HARI | | 2 Social security number (SSN) XXX-XX-0029 | | 7 Name of employer AMAZON.COM SERVICES LLC | | 8 Employer identification number (EIN) 82-0544687 | |
| 3 Street address (including apartment no.) 123 2ND AVE N 613 | | 6 Country and ZIP or foreign postal code US 98109 | | 9 Street address (including room or suite no.) PO BOX 81226 | | 10 Contact telephone number 866-644-2696 | |
| 4 City or town SEATTLE | | 5 State or province WA | | 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): 04

| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
|--|---------------|-----|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|
| 4 Offer of Coverage (enter required code) | 1E | | | | | | | | | | | | |
| 5 Employee Required Contribution (see instructions) | \$ 33.00 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 6 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) | 2C | | | | | | | | | | | | |
| 7 ZIP Code | | | | | | | | | | | | | |

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

Cat. No. 60705M

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) 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 | PRASANNA KUMAR HARI | XXX-XX-0029 | | X | | | | | | | | | | | | | |
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