

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) PAVANKUMAR ALAPATI		2 Social security number (SSN) XXX-XX-8220		7 Name of employer CORNING INCORPORATED		8 Employer identification number (EIN) 16-0393470	
3 Street address (including apartment no.) 29 HARTWELL BROOK DR				9 Street address (including room or suite no.) ONE RIVERFRONT PLAZA		10 Contact telephone number 800-858-3875	
4 City or town NASHUA		5 State or province NH		6 Country and ZIP or foreign postal code US 03060		11 City or town CORNING	
				12 State or province NY		13 Country and ZIP or foreign postal code US 14831	

14 Offer of Coverage (enter required code)	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		
1E															
15 Employee Required Contribution (see instructions)	\$ 95.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
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 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. <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	PAVANKUMAR ALAPATI	XXX-XX-8220		X												
19	PRANAV ALAPATI	XXX-XX-9155		X												
20	CHAITANYA VUTUKURI	XXX-XX-8731		X												
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