



600120

Form 1095-C

Department of the Treasury
Internal Revenue Service

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

2022

Part I Employee

1 Name of employee (first name, middle initial, last name) RAJESWARI RAJASUBRAMANIAN		2 Social security number (SSN) XXX-XX-1217		7 Name of employer FORSYTH COUNTY BOARD OF EDUCATION		8 Employer identification number (EIN) 58-6000243	
3 Street address (including apartment no.) 1245 GALLATIN WAY		4 City or town SUWANEE		5 State or province GA		9 Street address (including room or suite no.) 1120 DAHLONEGA HWY	
6 Country and ZIP or foreign postal code US 30024		11 City or town CUMMING		12 State or province GA		10 Contact telephone number 770-887-2461	
13 Country and ZIP or foreign postal code US 30040							

Applicable Large Employer Member (Employer)

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)	Employee's Age on January 1												15 Employee Required Contribution (see instructions)	
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov		Dec
16 Section 4980H Safe Harbor and Other Reller (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2D	2D	2G	2G	2G	2G	\$12.45
17 ZIP Code														

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

Cat. No. 60705M

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