



# 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](http://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) **Satya Venkata Naresh** 2 Social security number (SSN) **XXX-XX-9063** 7 Name of employer **Hudson Advisors L.P.** 8 Employer identification number (EIN) **752578511**

3 Street address (including apartment no.) **13230 Sellaronda Way** 9 Street address (including room or suite no.) **2711 N Haskell Ave Suite #1800** 10 Contact telephone number **(214) 754-8400**

4 City or town **FISCO** 5 State or province **TX** 6 Country and ZIP or foreign postal code **75035** 11 City or town **Dallas** 12 State or province **TX** 13 Country and ZIP or foreign postal code **75204**

### Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see instructions)	Employee's Age on January 1															
		All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
1A																	
2C																	

17 ZIP Code

Cat. No. 60705M

Form 1095-C (2022)

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



**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				
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