E 1095-( Department of the Tree Internal Revenue Servi	asury lice	Employ	er-Pro	Do not attach to y	our tax return. Keep	tice o	ffer and	d Covera	ge	VOID	THE PERSON			
Part I Emple	oyee		Go to ww	w.irs.gov/Form10	195C for instructions	and the lat	cords.		90		01	MB No. 1545-2251	P00750	
FENTT					Applic	Applicable Large Employer Member (Employer			CORRECTED 2022			22		
3 Street address (incl.	10	DANKHAR	A	2 Socia XXX	security number (SSN) X-XX-6194	7 Name o	f employer	Employer Memb	er (Employer)					
THIM!	DERA TRACE	LN 731			0194			SERVICES LI	LC		8	Employer identificati	A School Revolet	
4 City or town AUSTIN  5 State or province TX				6 Country and	6 Country and ZIP or foreign postal code US 78727			9 Street address (including room or suite no.) PO BOX 81226				8 Employer identification number (EIN) 10 Contact telephone number		
Part II Employee Offer of Coverage			US 787	e 11 City or SEA						000-044-2696				
THE WAY IN		All 12 Month		Employee's Age on January 1:			THE RESERVE THE PROPERTY OF THE PARTY OF THE		WA		1:	13 Country and ZIP or foreign postal code US 98108		
14 Offer of Coverage		Jan	Feb	Mar	Apr	May	June	Plan Start Mont	h (enter 2-digit nu	imber): 04	Sept 18 11	100		
(enter required code) 15 Employee Required		1H	1H	1E	1E		oune	July	Aug	Sept	Oct	Nov		
Contribution (see instructions)	•				21	1E	1E	1E	1E	1E	1E	1E	Dec 1E	
16 Section 4980H Safe Harbor and Other	\$	\$	\$	\$ 33.00	\$ 33.00 <b>\$</b> 3	33.00	33.00	\$ 33.00	33.00	s 33.00	22			
Relief (enter code, if applicable)  17 ZIP Code		2A	SD	2G	2G	20				\$ 33.00	\$ 33.00	\$ 33.00	\$ 33.00	
					20	2G	2G	2G	2G	2G	2G	2G	2G	
For Privacy Act and F	Paperwork Reduction	n Act Notice, se	e separate inst	ructions.			Cat. No. 607	TOGU.						
Form 1095-C (2022) Part III Cope	ed Individuals													
II Emp	loyer provided se	If-insured cove											P00350	
	(a) Name of covered individual(s) First name, middle initial, last name				r the information for e	each individ	dual enrolled in	D Coverage inclu	ding the	П			600320 Page 3	
18		t name, middle in	erage, check ed individual(s) nitial, last name	the box and ente	r the information for e	each individ	dual enrolled in	c) DOR (if SSN or at	has (40.0	уее.	(e) Mo	onths of myerage		
19		t name, middle in	erage, check ed individual(s) nitial, last name	the box and ente	r the information for e	each individ	dual enrolled in	n coverage, inclu c) DOB (if SSN or ot TIN is not available	has (40.0	DIE LEREAM		onths of coverage une July Aug Se	Page 3	
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