16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) Required Contribution (see instructions) 17 ZIP Code 14 Offer of Coverage (enter required code) Part III 15 Employee 1 Name of employee (first name, middle initial, last name)
SHREYA KULKARNI Part II Employee Offer of Coverage TALLAHASSEE 3 Street address (including apartment no.)
2750 OLD SAINT AUGUSTINE RD APT A7 1095-C 4 City or town Department of the Treasury Part I Employee Covered Individuals 6 All 12 Months 5 State or province 4 Jan 2C 41.86 H 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. 円 4 Feb 2C 41.86 \$ 市 2 Social security number (SSN) Mar 6 Country and ZIP or foreign postal code 2C 1E 41.86 \$ Employee's Age on January 1 \*\*\*\*-\*\*-8218 32301-6223 H 2C 41.86 4 May 市 2C .86 11 City or town 9 Street address (including room or suite no.) GAINWELL TECHNOLOGIES LLC 7 Name of employer 355 LEDGELAWN DR. CONWAY S June TE 2C 41.86 Applicable Large Employer Member (Employer) 4 July 后 2C 41.86 4 12 State or province Plan Start Month (enter 2-digit number): 01 Aug 后 2C 41.86 4 AR Sept 1E 41.86 2C 4 Oct 8 Employer identification number (EIN) 后 41.86 13 Country and ZIP or foreign postal code 10 Contact telephone number 2C B (301) 832-8047 27-1510177 OMB No. 1545-2251 2022 Nov 后 72034 2C .86 X TA Dec 任 41.86 2C

22 21 20 18 19 Shreya (a) Name of covered individual(s) First name, middle initial, last name If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee Kulkarni (b) SSN or other TIN \*\*\*\*-\*\*-8218 (c) DOB (if SSN or other (d) Covered TIN is not available) all 12 months Jan × Feb × Mar × Apr × May × June × July × Aug × Sept × Oct × Nov × Dec ×

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