E 1095-C Department of the Treasu Internal Revenue Service	iry	Employer-Provided Health Insurar Do not attach to your tax return. Keep f Go to www.irs.gow/Form1095C for instructions					or your records.				□VOID □CORR	ECTED	OMB No. 1545-2251 600120					
Part I Employ	/ee						Appli	cable Large	Employer Mer	mber (Employe	er)							
Name of employee (first name, middle initial, last name) MURALI SHANMUGAM					2 Social security number (SSN) XXX-XX-2920			7 Name of employer CISCO SYSTEMS, INC.						8 Employer identification number (EIN) 77-0059951				
Street address (includi 705 MIDORI									ng room or suite no	o.)			100000000000000000000000000000000000000	ntact telephone i 55314422				
City or town CARY	5 State or province NC				6 Country and ZIP or foreign postal code US 27519			11 City or town 12 State or SAN JOSE CA			rince	13 Country and ZIP or foreign postal or US 95134						
Part II Employ	ee Offer of C	overage		Employ	ee's Age on Jar	nuary 1:			Plan Start Mo	onth (enter 2-digit	number): 01							
	All 12 Months	Jan	Feb	Mar	Apr		May	June	July	Aug	Sept	Oc	t	Nov	Dec			
4 Offer of Coverage (enter required code)	1E																	
5 Employee Required Contribution see instructions)	\$ 58.61	\$	s	\$	s	\$		s	s	\$	s	\$		\$	\$			
6 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C																	
7.7IP Code	Control of the last																	

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	formation for each individual enrolled (b) SSN or other TIN	(c) DOB (if SSN or other	(d) Covered all 12 months				(e) Mo	nths of	covera	ge			
(a) Na First nan	(D) SSN or other TIN			Jan Feb	Mar	Apr	May Jr	ine Ji	uly Au	Sep	Oct	Nov D	
MURALI	SHANMUGAM	xxx-xx-2920		×									
J VIYAN	MURALI	XXX-XX-8951		×									
O ANANTHITHA SRI	MURALI		04-21-2015	×									
1 JEEVITHA	PUGAZHENDI		07-14-1992	×									
2													
3													
4													
15													
16													
77													
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30													

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