For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	17 ZIP Code	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	15 Employee Required Contribution (see instructions)	Coverage (enter required code)	All IZ MODIUS		Part II Employee Offer of Coverage	Cumming	4 City or town	3805 lochmar trail	Naga Abhiram Bandreddy 3 Street address (including anartment no.)	1 Name of employee (first con-	
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Form 1095-C (2022)

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ဗ 29 28 27 26 25 24 23 22 2 20 19 18 Naga Abhiram (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. Bandreddy (b) SSN or other TIN ***-**-7465 (c) DOB (if SSN or other In Covered It is not available) all 12 months Jan Feb Mar Apr May : (e) Months of coverage June July Aug Sept Oct X Nov X Dec X