

1095-C

Employer-Provided Health Insurance Offer and Coverage

CORRECTED

OMB No. 1545-0047

2022

Part I Employee

Name of employee (first name, middle initial, last name) Hanumannaga S Angajala Sri Ve

2 Social security number (SSN) XXX-XX-7991

Applicable Large Employer Member (Employer)

7 Name of employer HTC Global Services, Inc.

8 Employer identification number (EIN) 38-3056583

9 Street address (including apartment no.) 23 Fetzer Ct

10 Street address (including room or suite no.) 3270 West Big Beaver

11 Contact telephone number 248-786-2500

City or town Bloomington

6 State or province IL

8 Country and ZIP or foreign postal code 61704

11 City or town Troy

12 State or province MI

13 Country and ZIP or foreign postal code 48084

Part II Employee Offer of Coverage

Employee's Age on January 1

Plan Start Month (enter 2-digit number): 01

Table with columns for months (All 12 Months, Jan-Dec) and rows for Offer of coverage (1E), Employee's share of premium (36.40), and Section 4980H(a) Harbor and Air Relief (2C).

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.

Table for covered individuals with columns for name, SSN, DOB, and months of coverage (Jan-Dec). Includes entry for Hanumannaga S Angajala S.

AA #1607 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

41-0852411

Form 1095-C 2022

FROM: HTC Global Services, Inc. 3270 West Big Beaver Troy, MI 48084

PRESORTED FIRST CLASS MAIL PERMIT NO. 12345 TROY MI 48068

Important Tax Document Enclosed



116007-01A Angajala Sri Veera, Hanumannaga Srin 23 Fetzer Ct Bloomington, IL 61704

035136