

# Employer-Provided Health Insurance Offer and Coverage

1095-C

Department of the Treasury  
Internal Revenue Service

▶ Do not attach to your tax return. Keep for your records.  
▶ Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID  
 CORRECTED

OMB No. 1545-0047 **2022** Form 1095-C (2022)

**Part I** Employee  
Name of employee (first name, middle initial, last name)  
NARENDRA BABU VUNNAM

Applicable Large Employer Member (Employer)  
US BANK NATIONAL ASSOCIATION

1 Street address (including apartment no.)  
7549 STONEBROOK HWY APT 514  
2 City or town, state, and ZIP or foreign postal code  
FRI SCO TX 75034

3 Social security number (SSN)  
\*\*\*\*\*5956

4 Name of employer  
US BANK NATIONAL ASSOCIATION

5 Street address (including room or suite no.)  
4000 WEST BROADWAY  
6 City or town, state, and ZIP or foreign postal code  
ROBBINSDALE MN 55422-2212

7 Contact telephone number  
800-806-7009

8 Employer identification number (EIN)  
31-0841368

9 Employee's Age on January 1  
Employee Offer of Coverage

Employee Required Contribution (see instructions)	Employee's Age on January 1												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
\$	\$ 88.88	\$ 88.88	\$ 88.88	\$ 88.88	\$ 88.88	\$ 88.88	\$ 88.88	\$	\$	\$	\$	\$	\$
	1E	1E	1E	1E	1E	1E	1E	1H	1H	1H	1H	1H	1H
	2C	2C	2C	2C	2C	2C	2C	2A	2A	2A	2A	2A	2A

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

11 Covered Individual(s)  
NARENDRA BABU VUNNAM

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage													
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
NARENDRA BABU VUNNAM	*****5956			X	X	X	X	X	X	X							

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**Form 1099-R**  CORRECTED (if checked)

OMB No. 1545-0119  
**2022**  
Form 1099-R

**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  
US BANK NA INST AS PAYOR  
U.S. BANK 401K SAVINGS PLAN  
PO BOX 64716  
ST PAUL, MN 55164-0716

1 Gross distribution \$ 45.67  
2a Taxable amount \$ 45.67  
2b Taxable amount not determined Total distribution X

PAYER'S TIN 41-6271370 RECIPIENT'S TIN XXX-XX-5956

3 Capital gain (included in box 2a) \$ 4 Federal income tax withheld \$ 9.13  
5 Employee contributions / Designated Roth contributions or insurance premiums \$

RECIPIENT'S name, street address (incl. apt. no.), city or town, state or province, country, and ZIP or foreign postal code  
VUNNAM, NARENDRA BA  
7549 STONEBROOK KWY  
APT 514  
FRISCO, TX 75034

6 Net unrealized appreciation in employer's securities \$ 7 Distribution code(s) 1 IRA/SEP/SIMPLE 8 Other \$ %

9a Your percentage of total distribution % 9b Total employee contributions \$

14 State tax withheld \$ 15 State/Payer's state no. TX/ 16 State distribution \$

Account number (see instructions) 11 1st year of desig. Roth contrib. \$

17 Local tax withheld \$ 18 Name of locality \$ 19 Local distribution \$

12 FATCA filing requirement  10 Amount allocable to IRR within 5 years \$

21744060-747066-88 www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

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Support Ph #: (800) 843-2399

FROM:  
US BANK NA INST AS PAYOR  
PO BOX 64716  
ST PAUL, MN 55164-0716

FIRST-CLASS MAIL  
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Important Tax Document Enclosed

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FRISCO, TX 75034