

Form **1095-C**

Department of the Treasury
Internal Revenue Service

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.

VOID
 CORRECTED

OMB No. 1545-2251
2022

L00J120

Part I Employee

1 Name of employee (first name, middle initial, last name)
Maneesha Donthi

2 Social security number (SSN)
XXX-XX-0051

7 Name of employer
Kforce Inc

9 Street address (including room or suite no.)
1001 East Palm Ave Athn Benefits Department

11 City or town
Tampa

12 State or province
FL

13 Country and ZIP or foreign postal code
US 33605

3 Street address (including apartment no.)
1330 Augusta Dr Unit 11 Apt 207

4 City or town
Houston

5 State or province
TX

6 Country and ZIP or foreign postal code
US 77057

8 Employer identification number (EIN)
59-3264661

10 Contact telephone number
8135521441

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)	Employee's Age on January 1												15 Employee Required Contribution (see instructions)	
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov		Dec
1H		1H	1H	1H	1H	1H	1H	1K	1K	1K	1K	1H	1H	1H
2A		2A	2A	2A	2A	2D	2D	2C	2C	2C	2C	2A	2A	2A
								115.74	115.74	115.74	115.74			

16 Section 4980H
Sale Harbor and
Other Relief (enter
code, if applicable)

17 Zip Code

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

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

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