Form 1095-C

Department of the Treasury Internal Revenue Service

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

Part I Employee

Employer-Provided Health Insurance Offer and Coverage

VOID

OMB No. 1545-2251

ial, last name)	0000	► Go to www ire
2 Social security number (SSN)	de	 Do not attach to your tax return. Keep for your records. Go to wave ire gov/Form1095C for instructions and the latest information.
7 Name of employer Kforce Inc	Applicable Large Employer Member (Employer)	your records. the latest information.
8 Employer identificat	r Member (Emp	CORRECTED
er identification number (EIN)	loyer)	2022

17 Zip Code	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	15 Employee Required Contribution (see instructions)	14 Offer of Coverage (enter required code)		Part II Emp	4 City or town Houston	3 Street address (including aparlment no.) 1330 Augusta Dr Unit 11 Apt 207	Maneesha Donthi
		40		All 12 Months	Employee Offer of Coverage	TX	cluding apartment Unit 11 Apt 207	a (mar name, mo
	2A	S	Ĥ	Jan	of Coverag	5 State or province TX	no.)	die IIIIdi, idst
	2A	S	Î	Feb	je			name)
	2A	S	Î	Mar		6 Country a US 77057		XXX-XX-0051
	2A	60	Î	Apr	Employe	and ZIP or foreig		
	2D	45	Î	May	Employee's Age on January 1	n postal code		
	20	so.	Î	June	January 1	6 Country and ZIP or foreign postal code Tampa US 77057 Tampa	9 Street address 1001 East Pal	Kforce Inc
	20	\$ 115.74	1,	July		12 State or province FL	9 Street address (including room or suite no.) 1001 East Palm Ave Attn Benefits Department	
	20	s 115.74	18	Aug	Plan Start		or suite no.) efits Departmer	
	20	s 115.74 s	1×	Sept	Plan Start Month (enter 2-digit number):			
	2A	69	Î	Oct	r 2-digit nun	US 33605	10 Contact teld 8135521441	59-3264661
	2A	co.	Î	Nov	nber): 01	35	10 Contact telephone number 8135521441	661
5	2A	49	Î	Cac	1		10 Contact telephone number 8135521441 12 Country and ZIP or foreign postal code	

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

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