Form **1095-C**Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

VOID
CORRECTED

600120 OMB No. 1545-2251 **2022**

▶ Do not attach to your tax return. Keep for your records.

▶ Go to www.irs.gov/Form1095C for instructions and the latest information.

January 5, 2023

DataEdge Inc. 650 E Devon Ave, Suite 180 Itasca, IL 60143

PART I Employee	9					Applicable Large Employer Member (Employer)						
1 Name of Employee (first name, middle initial, last name)					2 Social security number (SSN)	7 Name of employer			8 Employer identification number (EIN)			
Sahiti Reddy		Annareddy			***-**-0096	DataEdge Inc.		47-1042295				
3 Street Address (including apartment no)						9 Street address (including ro	om or suite no.)	10 Contact telephone number				
678 Sailors Ave						650 E Devon Ave, S	uite 180	847-886-4848				
1 City or town		5 State or province	6 Country and Zip or foreign postal code		11 City or town		12 State or province	13 Country and ZIP or foreign postal code				
Lewisville		TX	75056		Itasca IL		IL	60143				

PART II Employee Offer and Coverage					Employee's Age on January 1: 25				Plan Start Month(enter 2-digit number): 01				
14 Offer of Coverage (enter required code)	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$ 266.77	\$ 266.77	\$ 266.77	\$ 266.77	\$ 266.77	\$266.77	\$ 266.77	\$ 266.77	\$266.77	\$ 266.77	\$ 266.77	\$ 266.77
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2F	2F	2F	2F	2F	2F	2F	2F	2F	2F	2F	2F
17 ZIP Code													

Sahiti Reddy Annareddy 678 Sailors Ave Lewisville, TX 75056

PART III Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each covered individual enrolled in coverage, including the employee. (e) Months of Coverage (a) Name of covered individual(s) First name, middle initial, last name (c) DOB (if SSN or other (d) Covered (b) SSN or other TIN June Sep Oct Nov Dec all 12 months TIN is not available) 19 20 21 22 23 26 27 28 29

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

Cat. No. 60705M

Form **1095-C** (2022)

