☐ VOID    ☐ CORRECTED

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.**

OMB No. 1545-2251

**2022**

| **Part I** | **Applicable Large Employer Member (Employer) (Lines 7-13)** Employer's name, address, and ZIP code | For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. |
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FORTE CONSTRUCTION CORP.
926 LINCOLN AVENUE

HOLBROOK          NY      11741

**Contact telephone number:** (631) 589-8600

**Employer identification number (EIN):** 27-3167155

### Employee (Lines 1-6)

**Social security number (SSN):**          XXX-XX-7917

**Employee's first name and middle initial   Last name                Suff.**
SUNDER P MANNEMALA
21 PATERSON ST

JERSEY CITY                NJ        07307

**Employee's address and ZIP code**

| **Part II** | **Employee Offer of Coverage** | **Employee Age on January 1** ☐ | **Plan Start Month** (enter 2-digit number): 01 |
|---|---|---|---|

| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **14** Offer of Coverage (enter required code) | 1H | | | | | | | | | | | | |
| **15** Employee Required Contribution (see instructions) | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ |
| **16** Section 4980H Safe Harbor and Other Relief (enter code, if applicable) | 2E | | | | | | | | | | | | |
| **17** ZIP Code | | | | | | | | | | | | | |

| **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. ☐ |
|---|---|

| **(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 | | | | | | | | | | | |
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| | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
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Form **1095-C** (2022)