

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](http://www.irs.gov/Form1095C) for instructions and the latest information.

Social security number (SSN)  
\*\*\*-\*\*-0488

Applicable Large Employer Member (Employer)

VOID  
 CORRECTED

OMB No. 1545-2251

2022

600120

Employer identification number (EIN)  
13-4086405

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

3 Street address (including apartment no.)  
18191 BRIDLE CLUB DR  
TAMPA

4 City or town  
TAMPA

5 State or province  
FL

6 Country and ZIP or foreign postal code  
33647

7 Name of employer  
THE DEPOSITORY TRUST & CLEARING CORPORATION

9 Street address (including room or suite no.)  
55 WATER STREET  
NEW YORK

11 City or town  
NEW YORK

12 State or province  
NY

10 Contact telephone number  
855-800-3822

13 Country and ZIP or foreign postal code  
10041

## Part II Employee Offer of Coverage

### Employee's Age on January 1

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

14 Offer of Coverage (enter required code)	All 12 Months												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
15 Employee Required Contribution (see instructions)	\$	\$148.18	\$148.18	\$148.18	\$148.18	\$148.18	\$148.18	\$148.18	\$148.18	\$148.18	\$148.18	\$148.18	\$148.18
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C

17 ZIP Code

Cat. No. 60705M

Form 1095-C (2022)

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