

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

Part I Employee **Applicable Large Employer Member (Employer)**

1 Name of employee (first name, middle initial, last name) VAMSHIDHAR REDD	2 Social security number (SSN) 823-50-3933
3 Street address (including apartment no.) 15413 Staffordshire Way	4 City or town Fishers
5 State or province IN	6 Country and ZIP or foreign postal code USA 46037
7 Name of employer TCC Software	8 Employer identification number (EIN) 35-1990942
9 Street address (including room or suite no.) 1022 E 52nd Street	10 Contact telephone number 8665636767
11 City or town Indianapolis	12 State or province IN
13 Country and ZIP or foreign postal code USA 46205	14 Offer of Coverage (enter 2-digit number): 01

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)	Employee's Age on January 1												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$ 221.90	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2H												
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat No. 60705M Form **1095-C** (2022)