

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.

Part I Employee

| | | |
|--|--|--|
| 1 Name of employee (first name, middle initial, last name) HARSHITTHA | 2 Social security number (SSN) XXX-XX-8606 | 7 Name of employer MCKESSON CORPORATION |
| 3 Street address (including apartment no.) 4734 SOUTH PLUTO | 4 City or town MESA | 5 State or province AZ |
| 6 Country and ZIP or foreign postal code US 85212 | 8 Employee identification number (EIN) 94-3207296 | 9 Street address (including room or suite no.) 6555 NORTH STATE HIGHWAY 161 |
| 10 Contact telephone number MESA | 11 City or town IRVING | 12 State or province TX |
| 13 Country and ZIP or foreign postal code US 75039 | Applicable Large Employer Member (Employer) Plan Start Month (enter 2-digit number): 01 | |

Part II Employee Offer of Coverage

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

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

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

| 18 HARSHITTHA | BOLLINMENT | XXX-XX-8606 | | Months of coverage | | | | | | | | | | | | | | | | |
|---------------|------------|-------------|--|--------------------|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|--|--|--|--|--|
| | | | | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | | | | | |
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