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.

OMB No. 1545-2251 202 202 202

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

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					Siva Rama Krishna	(a) Name (First name,	Part III Cove	17 ZIP Code	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	15 Employee Required Contribution (see sinstructions)	14 Offer of Coverage (enter required code)	Offer of enter	Part II Empl	4 City or town MESA	3 Street address (including apartment no.) 4734 S PLUTO	1 Name of employee (first name, middle initial, last name) SIVA RAMA KRISHNA GHANTA	Part I Employee
						(a) Name of covered individual(s) First name, middle initial, last name (b) SSN or other TIN	Covered Individuals If Employer provided se	1. f.		67		All 12 Months	oyee Offe All 12 Months		cluding apartr		
					Ghanta		riduals //ded self-insure	1	2C	\$ 38.65 \$	í	Jan	Employee Offer of Coverage	5 State or province AZ	ment no.)	middle initial, last n	
							ed coverage,	I I I	20	38.65 \$	É	Feb	je	Z		ame)	
							check the	1	20	38.65	m	Mar		o County	3	N OCIA	s nonia
						(c) DOB (if SSN or other (d) Covered TIN is not available) all 12 months	Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual enr	1	2C	\$ 38.65 \$	ñ	Apr	Employee's Age on January 1	85212-3273		*****-**-2706	
						all 12 months		1	20	38.65 \$	Æ	May		_			Ш
					×	Jan	tion for ea	1	2C	\$ 38.65 \$	Æ	June	nuary 1	11 City or town BETHLEHEM	Street addr	7 Name of employer	
					\times	Feb	ich ind	- 1		60				₩ W	LEY (nployer	pplic
					×	Mar	vidual enrolle	E E	2C	38.65	m	July			9 Street address (including room or suite no. 1510 VALLEY CENTER PARKV	:	able L
					×	Ąpr				()		Pla	Pla	12 51			Applicable Large Employer Member (Employer)
					×	May	d in cov	1	2C	38.65 \$	m	Aug	n Star	12 State or province	PARKWAY SUITE 130		
					×	(e) Months of coverage	olled in coverage, including the employee.	1	2C		Æ	Sept	Mont	PA	Y SUI		
					×	of covera July		- 4	.,	38.65 \$,,,	ğ	Plan Start Month (enter 2-digit number): 01		TE 130		
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