RICEFW TECHNOLOGIES, INC. 4295 OKEMOS ROAD, SUITE 102 OKEMOS MI 48864

NITESH DASARI 2709 TRAPPERS COVE TRL APT 1C LANSING MI 48910

7	nus.	_8 -				
Form	U <b>9</b> 5-	<b>-</b> U				
Department of the Treasury						
Internal	Rayanua Sary	rica				

## **Employer-Provided Health Insurance Offer and Coverage**

CORRECTED

VOID

OMB No. 1545-2251

Do not attach to your tax return. Keep for your records.

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

vice		GO to www.ir	s.gov/rorm	1095C for ins	tructions and	i the latest int	ormation.						
loyee						Ар	plicable La	arge Employ	yer Membe	er (Employe	er)		
mployee (first name, middle initial, last name)  2 Social security			security number (SSN) 7 Name of employer					8 Emple	8 Employer identification number (EIN)				
	Dasari			XXX-XX-5623			RICEFW Technologies, Inc.				27-2837612		
3 Street address (including apartment no.)						9 Street address (including room or suite no.)					10 Contact telephone number		
2709 Trappers Cove Trl Apt 1C						4295 Okemos Road, Suite 102					(586) 232-5001		
5	5 State or province 6 C			6 Country and ZIP or foreign postal code		11 City or town		12 State or province		13 Count	13 Country and ZIP or foreign postal code		
l N	MI US			S 48910		Okemos		MI		US 48	US 48864		
loyee Offe	r of Covera	ge	E	mployee's	Age on Ja	anuary 1		Plan Start	Month (ent	ter 2-digit nui	mber):	03	
All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	
\$	\$ 270.49	\$ 270.49 \$	126.54	\$ 126.54	\$ 126.54	\$ 126.54	\$ 126.54	\$ 126.54	\$ 126.54	\$ 126.54	\$ 126.54	\$ 126.54	
	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	
												<b>005-€</b> (2022	
	lloyee ee (first name, m encluding apartme s Cove Trl A f N lloyee Offe All 12 Months	bloyee see (first name, middle initial, last Dasari noluding apartment no.) S Cove Trl Apt 1C  5 State or provinc MI  bloyee Offer of Covera  All 12 Months Jan  1E  \$ 270.49	Dasari   D	Dasari   2 Social s   2 Socia	Dasari	Dasari   2 Social security number (SSN)   XXX-XX-5623	App   Pee (first name, middle initial, last name)   2   Social security number (SSN)   7   Name of employer (SSN)   RICEFW Tee   Name of employer (SSN)   XXX-XX-5623   RICEFW Tee   S   Cove Trl   Apt 1C   4295   Okemos	Applicable Leader (first name, middle initial, last name)   Dasari	Applicable Large Employ   Applicable Large Employ   See (first name, middle initial, last name)   Dasari   XXX-XX-5623   RICEFW Technologies, Inc.   Secove Trl Apt 1C   Secove Trl Apt	Applicable Large Employer Member   Septimate   Septi	Applicable Large Employer Member (Employer   Septimate   Septima	Applicable Large Employer Member (Employer)   Applicable Large Employer (SSN)   Applicable Large Employer (Solve)   Applicab	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form **1095-C** (2022)