



**Health Coverage**

Department of the Treasury  
Internal Revenue Service

▶ Do not attach to your tax return. Keep for your records.  
▶ Go to [www.irs.gov/Form1095B](http://www.irs.gov/Form1095B) for instructions and the latest information.

VOID  
 CORRECTED

OMB No. 1545-2252  
**2022**

**Part I Responsible Individual**

1 Name of responsible individual—First name, middle name, last name VENKATA		5 City or town BLOOMINGTON		2 Social security number (SSN) or other TIN ***-**-1085	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.) 3413 PRESCHER PT		6 State or province IL		7 Country and ZIP or foreign postal code UNITED STATES 61704	
		9 Reserved			

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . .  B

**Part II Information about Certain Employer-Sponsored Coverage (see instructions)**

10 Employer name  
SRS CONSULTING INC

12 Street address (including room or suite no.) 39465 PASEO PADRE PKWY 3200	13 City or town FREMONT	14 State or province CA	11 Employer identification number (EIN) 52-2372326
		15 Country and ZIP or foreign postal code 94538	

**Part III Issuer or Other Coverage Provider (see instructions)**

16 Name UnitedHealthcare, Inc.	17 Employer identification number (EIN) 41-1922511	18 Contact telephone number 866-633-2446
19 Street address (including room or suite no.) 601 Brooker Creek Blvd	20 City or town Oldsmar	21 State or province FL
		22 Country and ZIP or foreign postal code UNITED STATES 34677

**Part IV Covered Individuals (Enter the information for each covered individual.)**

(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																
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec					
23 VENKATA	GOLI	***-**-1085	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24 GOWRI	PAMPANA		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
25 SRINIDHI	GOLI		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
26 SRIRAM	GOLI		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60704B Form **1095-B** (2022)