

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

2023

Part I Employee

1 Name of employee (first name, middle initial, last name) AMARNATH MUDDANA			2 Social security number (SSN) ***-**-2213			7 Name of employer MPHISIS CORPORATION			8 Employer identification number (EIN) 95-4759720		
3 Street address (including apartment no.) 4960 CAMERON VALLEY PARKWAY APT 4960CV						9 Street address (including room or suite no.) 41 MADISON AVE 35TH FLOOR			10 Contact telephone number 844-868-6230		
4 City or town CHARLOTTE		5 State or province NC		6 Country and ZIP or foreign postal code 28210		11 City or town NEW YORK		12 State or province NY		13 Country and ZIP or foreign postal code 10010	

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)	Employee's Age on January 1												Plan Start Month (enter 2-digit number): 01		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code															

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											
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18	AMARNATH MUDDANA	***-**-2213			X	X	X	X	X	X	X	X	X	X	X	X
19	AVYA MUDDANA		2023-11-10													X
20	SOWMYA SAMMETA		1994-01-06		X	X	X	X	X	X	X	X	X	X	X	X
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