600120

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

☐ VOID
☐ CORRECTED

OMB. No. 1545-2251

**2022**

## Part I Employee

| 1 Name of employee (first name, middle initial, last name) | 2 Social security number (SSN) |
|---|---|
| Ratna Akula | XXX-XX-3251 |
| **3** Street address (including apartment no.) | |
| 1851 Knightsbridge Rd<br>Apt 4318 | |
| **4** City or town | **5** State or province | **6** Country and ZIP or foreign postal code |
| Farmers Branch | TX | US 75234 |

## Applicable Large Employer Member (Employer)

| 7 Name of employer | 8 Employer identification number (EIN) |
|---|---|
| PERFICIENT INC. | 74-2853258 |
| **9** Street address (including room or suite no.) | **10** Contact telephone number |
| 555 Maryville University Drive<br>Suite 500 | 314-785-1172 |
| **11** City or town | **12** State or province | **13** Country and ZIP or foreign postal code |
| St. Louis | MO | US 63141 |

## Part II Employee Offer of Coverage

**Employee's Age on January 1** 52

**Plan Start Month** (Enter 2-digit number): 01

| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **14** Offer of Coverage (enter required code) | | | | | | | | 1E | 1E | 1E | 1E | 1E | 1E |
| **15** Employee Required Contribution (see instructions) | $ | $ | $ | $ | $ | $ | $ | $0.00 | $150.40 | $150.40 | $150.40 | $150.40 | $150.40 |
| **16** Section 4980H Safe Harbor and Other Relief (enter code, if applicable) | | | | | | | | 2D | 2F | 2F | 2F | 2F | 2F |
| **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** | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **19** | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **20** | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **21** | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **22** | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **23** | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |