

Cigniti Technologies Inc
 433 E Las Colinas Blvd, #1300
 Irving TX, 75039

Srinivasa Reddy Keesara
 203 Vicks Cir
 CENTERTON, AR 72719

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

2023

Part I Employee				Applicable Large Employer Member (Employer)									
1 Name of employee (first name, middle initial, last name) Srinivasa Reddy Keesara		2 Social security number (SSN) 376-59-8436		7 Name of employer Cigniti Technologies Inc				8 Employer identification number (EIN) 47-1176261					
3 Street address (including apartment no.) 203 Vicks Cir				9 Street address (including room or suite no.) 433 E Las Colinas Blvd, #1300				10 Contact telephone number 972-756-0622 x164					
4 City or town CENTERTON		5 State or province AR		6 Country and ZIP or foreign postal code US 72719				11 City or town Irving		12 State or province TX		13 Country and ZIP or foreign postal code US 75039	
Part II Employee Offer of Coverage				Employee's Age on January 1					Plan Start Month (Enter 2-digit number): 11				
14 Offer of Coverage (Enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
		1H	1H	1H	1H	1H	1H	1H	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2A	2A	2A	2D					
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		
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