| Employer-Provided Health Insural Do not attach to your tax return. Keep to | | | | | | | for your records. | | | | | | □ VOID □ CORRECTED | | | | OMB No. 1545-2251 6001/20 | | | | | | | |
|--|---------------|---|---|------|----------------------------|--------------------------|---|--------------|----------------------------------|---------|---|---|--------------------|----------------|--|----------|---------------------------|--------|--------|------|--|--|--|--|
| Part I Emplo | | nd the latest information. Applicable Large Employer Member (Employer) | | | | | | | | | 2023 | | | | | | | | | | | | | |
| 1 Name of employee (fi | | nitial, last name) | | 2 So | cial security number (SSN) | 7 Name of er | | Employer Men | iber (Em | ployer) | | | | | | | | | | | | | | |
| MUTHUKUMAR 3 Street address (included) | | EMC C | EMC CORPORATION | | | | | | | | | 8 Employer identification number (EIN) 04-2680009 | | | | | | | | | | | | |
| 10001 LEVE | | 176 S | 9 Street address (including room or suite no.) 176 SOUTH STREET | | | | | | | | 10 Contact telephone number 8559011222 | | | | | | | | | | | | | |
| 4 City or town 5 State or province 6 Country and ZIP or foreign postal code MCKINNEY TX US 75071 | | | | | | e 11 City or tov HOPK | 11 City or town 12 State or province MA | | | | | | | | 13 Country and ZIP or foreign postal code US 01748 | | | | | | | | | |
| Part II Employee Offer of Coverage Employee's Age on January 1: | | | | | | | Plan Start Month (enter 2-digit number): 01 | | | | | | | | | | | | | | | | | |
| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | A | ug | Se | ept | | Oct | \Box | | Nov | I | [| Dec | | | | |
| 14 Offer of Coverage (enter required code) | 1E | | | | | | | | | | | | | | | | | | | | | | | |
| 15 Employee Required Contribution (see instructions) | s 115.33 | \$ | \$ | s | \$ \$ | 6 | | 6 | 0 | | | | | | | | | | | | | | | |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) | 2C | | Ψ | | Ψ | Φ | | 9 | Þ | 5 | | | \$ | | 5 | | | \$ | | | | | | |
| 17 ZIP Code | | | | | | | | 7 | | _ | | | + | | + | | | + | | | | | | |
| For Privacy Act and F | | | | | | | Cat. No. 6 | | | | | | | | | | | m 109 | - 003 | | | | | |
| Covere | d Individuals | | | | | | | | | | | | | | | | | | Pag | je 3 | | | | |
| Part III If Emplo | | | I in coverage, inc | | | ee. | X | | (a) I | Months | of cove | erana | | | | | | | | | | | | |
| (a) Name of covered individual(s) First name, middle initial, last name | | | nitial, last name | | (b) SSN or o | other TIN | (c) DOB (if SSN or TIN is not availal | | (d) Covered all 12 months Jan | | | | | ay June July A | | | | | ov Dec | | | | | |
| 8 MUTHUKUMAR | | | GANESA | N | | XXX-XX | -2342 | | | × | | | | | | | | | | | | | | |
| 9 GEETHA | | | MUTHUK | UMAR | | XXX-XX | -4111 | | | × | | | | | | | | | | | | | | |
| 0 HITESH RA | AJ | | MUTHUK | UMAR | | XXX-XX | -4269 | | | × | | | | | | | \top | \top | | | | | | |
| 1 MITRESH | | | MUTHUK | UMAR | | XXX-XX | -1367 | | | × | | \top | \top | | | \Box | \top | + | + | + | | | | |
| 22 | | | | | | | | | | | | + | + | | 01 | \vdash | + | + | + | + | | | | |
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Form1095-C (2023)



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