

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](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-2251

**2023**

<b>Part I Employee</b>			<b>Applicable Large Employer Member (Employer)</b>			
1 Name of employee (first name, middle initial, last name) AJAY KUMAR ALIGETI		2 Social security number (SSN) XXX-XX-4339	7 Name of employer TECH MAHINDRA AMERICAS INC		8 Employer identification number (EIN) 22-3282696	
3 Street address (including apartment no.) 43329 CEDARWOOD DR			9 Street address (including room or suite no.) 5700 Democracy Drive SUITE 2000		10 Contact telephone number (719) 590-4111	
4 City or town FREMONT	5 State or province CA	6 Country and ZIP or foreign postal code US 94538	11 City or town PLANO	12 State or province TX	13 Country and ZIP or foreign postal code US 75024	

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	Aug	Sept	Oct	Nov	Dec		
14 Offer of Coverage (enter required code) 1E															
15 Employee Required Contribution (see instructions) \$ 59.87	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C															
17 ZIP Code															

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

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