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

600120

OMB No. 1545-2251

2023

Part I Employee

Field	Value
1 Name of employee (first name, middle initial, last name)	RAGHU K THALVAYAPATI
2 Social security number (SSN)	XXX-XX-7761
3 Street address (including apartment no.)	22434 BRIGHT SKY DR
4 City or town	CLARKSBURG
5 State or province	MD
6 Country and ZIP or foreign postal code	US 20871

Applicable Large Employer Member (Employer)

Field	Value
7 Name of employer	TEKSYSTEMS, INC.
8 Employer identification number (EIN)	52-2010575
9 Street address (including room or suite no.)	7437 RACE ROAD
10 Contact telephone number	855-314-4222
11 City or town	HANOVER
12 State or province	MD
13 Country and ZIP or foreign postal code	US 21076

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)	$ 536.05	$	$	$	$	$	$	$	$	$	$	$	$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2F	2F	2F	2F	2F	2F	2F	2B	2F	2F	2F	2B
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	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18																
19																
20																
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																

(e) Months of coverage: Jan–Dec columns above.