E 1095-C Department of the Treas Internal Revenue Service	sury	Employ	p for yo	or your records. Ind the latest information.					CORRECTED				2023								
Part I Emplo			()	10 Construct destification and a (FIA)))					
1 Name of employee (fi	rst name, middle in R BABA ES		7 Name of employer MORGAN STANLEY SERVICES GROUP INC,																		
3 Street address (included 135 NORTHA	fing apartment no.)	9 8	9 Street address (including room or suite no.) 750 7TH AVE 6TH FLOOR - PAYROLL							10 Contact telephone number 877-674-7411											
4 City or town 5 State or province 6 Country and ZIP or foreign postal code							11 City or town NEW YORK 12 State or provin					Country and ZIP or foreign postal code 10019-6800									
DODITO					s Age on Januar		THEN TOTAL	Plan Start Month (enter 2-digit number):				mber):									
	All 12 Months Jan		Feb	Mar	Apr	May June		July	Aug	T	Sept		0	Oct		Nov		Dec			
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1E		1E		1E		1E				1E		
15 Employee Required Contribution (see instructions)		\$ 156.00	\$ 156.00 \$	156.00	s 156.00 s	156.	.00 s 156.00	s 156.00	\$ 156.00 \$		156.0	00 \$	\$ 156.00) \$	\$ 156.00		s 15	6.0	00	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	20		2C	2C	2C		2C		2C		2C		2C			
17 ZIP Code For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.							t. No. 60705M								Form 1095-C (2023)					3)	
																		6003			
Form 1095-C (2023		s _ If Employer	provided self-in	cured coverage	check the hove	nd ente	or the information for	each individual	enrolled in co	worane	includir	on the	amn	lovee	×	1		Pa	age 3		
Covered Individuals – If Employer provided self-insured coverage, check the box and (a) Name of covered individual(s)							(b) SSN or other TIN	(c) DOB (if SSN o	r other (d) Co	vered				(e) Mor	nths of	covera					
First name, middle initial, last name								TIN is not availa	vailable) all 12 months		Jan Feb Mar Apr				_						
18 MANOJ KUMAR BABA ESWARAPPA							***-**-4208				^ ^	-	^	^	1	1	^	^	^	_	
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