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* for instructions and the latest information.**

OMB No. 1545-2251

**2023**

## Part I Employee

| 1 Name of employee (first name, middle initial, last name) | 2 Social security number (SSN) |
|---|---|
| VISHWANATH GURRAPU | ***-**-8106 |

| 3 Street address (including apartment no.) | 4 City or town | 5 State or province | 6 Country and ZIP or foreign postal code |
|---|---|---|---|
| 7047 SE TAMARACK ST | HILLSBORO | OR | 97123-3958 |

## Applicable Large Employer Member (Employer)

| 7 Name of employer | 8 Employer identification number (EIN) |
|---|---|
| SALESFORCE.COM INC | 94-3320693 |

| 9 Street address (including room or suite no.) | 10 Contact telephone number |
|---|---|
| 415 MISSION STREET | (855) 376-5627 |

| 11 City or town | 12 State or province | 13 Country and ZIP or foreign postal code |
|---|---|---|
| SAN FRANCISCO | CA | 94105 |

## 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 | 1E | 1E | 1E | 1E | 1E | 1E | 1E | 1E | 1E | 1E | 1E |
| 15 Employee Required Contribution (see instructions) | $ | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) | | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2C | 2C |
| 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. [X]

| | (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 |
| 18 | Vishwanath | | Gurrapu | ***-**-8106 | | [ ] | [X] | [X] | [X] | [X] | [X] | [X] | [X] | [X] | [X] | [X] | [X] | [X] |
| 19 | | | | | | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
| 20 | | | | | | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
| 21 | | | | | | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
| 22 | | | | | | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
| 23 | | | | | | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |