

1095-C

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

VOID
 CORRECTED

Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name) Shravya Rachakonda		2 Social security number (SSN) XXX-XX-4677		7 Name of employer S.W.I.F.T. Inc		8 Employer identification number (EIN) 541106980	
3 Street address (including apartment no.) 6609 Barttams Forest Ln Haymarket		5 State or province VA		9 Street address (including room or suite no.) P.O. Box 2005 Culpeper		10 Contact telephone number 7033656090	
4 City or town		6 Country and ZIP or foreign postal code 20169 USA		11 City or town Culpeper		13 Country and ZIP or foreign postal code 22701 USA	

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)	Employee's Age on January 1												
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1A													
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
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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