

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

OMB No. 1545-2251

2023

Part I Employee

1 Name of employee (first name, middle initial, last name) **Ajaykumar Gorantla** 2 Social security number (SSN) *****-**-8175** 7 Name of employer **HIM Health Solutions Inc.** 8 Employer identification number (EIN) **46-3823617**

3 Street address (including apartment no.) **11 WYatts Cir** 9 Street address (including room or suite no.) **120 Fifth Avenue** 10 Contact telephone number **844-242-4748**

4 City or town **Rensselaer** 5 State or province **NY** 6 Country and ZIP or foreign postal code **US 12144** 11 City or town **Pittsburgh** 12 State or province **PA** 13 Country and ZIP or foreign postal code **US 15222**

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
15 Employee Required Contribution (see instructions)	\$85.82	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
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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