

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. 1545-0047

2023

Part I Employee	2 Social security number (SSN) ***-**-9229	Applicable Large Employer Member (Employer)	8 Employer identification number (EIN) 98-0154401
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1 Name of employee (first name, middle initial, last name) SUDHA BASKAR		7 Name of employer WIPRO LIMITED	
3 Street address (including apartment no.) 289 KRAEMER CT		9 Street address (including room or suite no.) 2 TOWER CENTER BLVD STE 2200	
4 City or town EAST BRUNSWICK	5 State or province NJ	6 Country and ZIP or foreign postal code 08816	10 Contact telephone number 833-253-7717
11 City or town EAST BRUNSWICK	12 State or province NJ	13 Country and ZIP or foreign postal code 08816	

Part II Employee Offer of Coverage	Employee's Age on January 1	Plan Start Month (enter 2-digit number): 01
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Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
Employee Required Contribution (see instructions)	\$ 145.00	\$ 145.00	\$ 145.00	\$ 145.00	\$ 145.00	\$ 145.00	\$ 145.00	\$ 145.00	\$ 145.00	\$ 145.00	\$ 145.00	\$ 145.00	\$ 145.00
Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
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	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
SUDHA BASKAR	***-**-9229			X	X	X	X	X	X	X	X	X	X	X	X	X
LAKSHANYA BASKAR	***-**-7991			X	X	X	X	X	X	X	X	X	X	X	X	X
SAMYUKTHA BASKAR	***-**-3552			X	X	X	X	X	X	X	X	X	X	X	X	X

