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☐ VOID ☐ CORRECTED OMB No. 1545-2251 **2023** Form **1095-C**

Employer Provided Health Insurance Offer and Coverage

APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

GREENPEACE INC
1300 EYE ST. NW, SUITE 1100 EAST
WASHINGTON, DC 20005
(202) 319-2411

0GM68 A339 00111

EMPLOYEE'S name, address, ZIP/postal code & country

APURVA J GOSWAMI
2206 PIMMIT RUN LANE, #201
FALLS CHURCH, VA 22043

Do not attach to your tax return. Keep for your records. Go to *www.irs.gov/Form1095C* for instructions and the latest information.

APPLICABLE LARGE EMPLOYER'S identification number (EIN)	EMPLOYEE'S social security number (SSN)
52-1541501	XXX-XX-8392

Employee Offer of Coverage					Employee's Age on January 1
Plan Start Month (enter 2-digit no.):	**14** Offer of Coverage (enter required code)	**15** Employee Required Contribution (see instructions)	**16** Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	**17** ZIP Code	
01					
All 12 Months		$			
Jan	1A	$	2C		
Feb	1A	$	2C		
Mar	1A	$	2C		
Apr	1A	$	2C		
May	1H	$	2A		
Jun	1H	$	2A		
Jul	1H	$	2A		
Aug	1H	$	2A		
Sep	1H	$	2A		
Oct	1H	$	2A		
Nov	1H	$	2A		
Dec	1H	$	2A		

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Department of the Treasury - IRS

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 mos.	(e) Months of coverage											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
18																
19																
20																
21																
22																
23																

Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Employee Offer of Coverage section, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer, it is not required to furnish you a Form 1095-C providing information about the health coverage it offered.

In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Covered Individuals section, provides information about you and your family members who had certain health coverage (referred to as "minimum essential coverage") for some or all months during the year. If you or your family members are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, you may receive information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, you may receive information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.

TIP *Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in the Covered Individuals section if they request it for their records.*

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), the premium tax credit, and the employer shared responsibility provisions, visit *www.irs.gov/ACA* or call the IRS Healthcare Hotline for ACA questions (800-919-0452).

Employee

Reports information about you, the employee. Reports your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.

Applicable Large Employer

Reports information about your employer. This includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

Employer Offer of Coverage, Lines 14-17

Line 14. The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

1A. Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (as adjusted) of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 9.5%, visit IRS.gov.

1B. Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).

1C. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.

1D. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).

1E. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.

1F. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

1G. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the *All 12 Months* box or in the separate monthly boxes for all 12 calendar months on line 14.

1H. No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

1I. Reserved for future use.

1J. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage NOT offered to your dependent(s).

1K. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s).

1L. Individual coverage health reimbursement arrangement (HRA) offered to you only with affordability determined by using employee's primary residence ZIP code.

1M. Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using employee's primary residence ZIP code.

1N. Individual coverage HRA offered to you, spouse, and dependent(s) with affordability determined by using employee's primary residence ZIP code.

1O. Individual coverage HRA offered to you only using the employee's primary employment site ZIP code affordability safe harbor.

1P. Individual coverage HRA offered to you and dependent(s) (not spouse) using the employee's primary employment site ZIP code affordability safe harbor.

1Q. Individual coverage HRA offered to you, spouse, and dependent(s) using the employee's primary employment site ZIP code affordability safe harbor.

1R. Individual coverage HRA that is NOT affordable offered to you; employee and spouse or dependent(s); or employee, spouse, and dependents.

1S. Individual coverage HRA offered to an individual who was not a full-time employee.

1T. Individual coverage HRA offered to employee and spouse (no dependents) with affordability determined using employee's primary residence ZIP code.

1U. Individual coverage HRA offered to employee and spouse (no dependents) using employee's primary employment site ZIP code affordability safe harbor.

1V. Reserved for future use.

1W. Reserved for future use.

1X. Reserved for future use.

1Y. Reserved for future use.

1Z. Reserved for future use.

Line 15. Reports the employee required contribution, which is the monthly cost to you for the lowest cost self-only minimum essential coverage providing minimum value that your employer offered you. For an individual coverage HRA, the employee required contribution is the excess of the monthly premium based on the employee's applicable age for the applicable lowest cost silver plan over the monthly individual coverage HRA amount (generally, the annual individual coverage HRA amount divided by 12). See the Instructions for Forms 1094-C and 1095-C for more details. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q, 1T, or 1U is entered on line 14. If you were offered coverage but there is no cost to you for the coverage, this line will report "0.00" for the amount. For more information, including on how your eligibility for other healthcare arrangements might affect the amount reported on line 15, visit IRS.gov.

Line 16. Provides the IRS information to administer the employer shared responsibility provisions. Other than a code 2C, which reflects your enrollment in your employer's coverage, none of this information affects your eligibility for the premium tax credit. For more information about the employer shared responsibility provisions, visit IRS.gov.

Line 17. Reports the applicable ZIP code your employer used for determining affordability if you were offered an individual coverage HRA. If code 1L, 1M, 1N, or 1T was used on line 14, this will be your primary residence location. If code 1O, 1P, 1Q, or 1U was used on line 14, this will be your primary employment site. For more information about individual coverage HRAs, visit IRS.gov.

Covered Individuals, Lines 18-23

Reports the name, SSN (or TIN for covered individuals other than the listed employee), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee's family members) covered under the employer's health plan. If the plan is "self-insured," A date of birth will be entered in column (c) only if an SSN (or TIN for covered individuals other than the listed employee) is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than 6 covered individuals, you will receive one or more additional form(s).

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2023 W-2 and Earnings Summary

	Wages, Tips, Other Comp. Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages and Tips Box 5 of W-2
Gross Pay	$23,411.68	$23,411.68	$23,411.68
Less: Non-Taxable Earnings	$0.00	($22,801.97)	($22,801.97)
Less: Retirement Deductions	($1,270.19)	N/A	N/A
Less: Other Pre-tax Deductions	($609.71)	($609.71)	($609.71)
Less: Third Party Sick Pay	$0.00	$0.00	$0.00
Less: Excess Wages	N/A	$0.00	N/A
Total Reported Wages	**$21,531.78**	**$0.00**	**$0.00**

	Fed Income Box 2 of W-2	Social Security Box 4 of W-2	Medicare Box 6 of W-2
Tax Withheld	**$2,081.46**		

	VA State Wages, Tips, etc. Box 16 of W-2
Gross Pay	$23,411.68
Less: Non-Taxable Earnings	$0.00
Less: Retirement Deductions	($1,270.19)
Less: Other Pre-tax Deductions	($609.71)
Less: Third Party Sick Pay	$0.00
Total Reported Wages	**$21,531.78**

	VA State Income Tax Box 17 of W-2
Tax Withheld	**$962.10**

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The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

Form W-2 Wage and Tax Statement
Copy C — For EMPLOYEE'S RECORDS 2023

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. OMB No. 1545-0008. Department of Treasury - Internal Revenue Service

Control number 0GM68 A339 00117

Employer's name, address, and ZIP code
GREENPEACE INC
1300 EYE ST. NW, SUITE 1100 EAST
WASHINGTON DC 20005

Employee's name, address, and ZIP code
APURVA J GOSWAMI
2206 PIMMIT RUN LANE, #201
FALLS CHURCH VA 22043

1 Wages, tips, other comp. 21531.78	2 Federal income tax withheld 2081.46
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a D 1270.19
	12b DD 2716.19
13 Statutory employee: — Retirement plan: X — Third-party sick pay: —	12c
	12d
Employee's social security no. 685-45-8392	14
Employer ID number (EIN) 52-1541501	

15 St. Employer's state ID number	16 State wages, tips, etc.	17 State income tax
VA 30-521541501F-001	21531.78	962.10
18 Local wages, tips, etc.	**19 Local income tax**	**20 Locality name**

Form W-2 Wage and Tax Statement
Copy B — To Be Filed With Employee's FEDERAL Tax Return. 2023

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Form W-2 Wage and Tax Statement
Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return. 2023

OMB No. 1545-0008. Department of Treasury - Internal Revenue Service

Control number 0GM68 A339 00117

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Form W-2 Wage and Tax Statement
Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return. 2023

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