

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](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-2251

**2023**

Part I Employee				Applicable Large Employer Member (Employer)					
1 Name of employee (first name, middle initial, last name) <b>ANIL KUMAR</b>		2 Social security number (SSN) <b>RAVURI</b> <b>753-77-9745</b>		7 Name of employer <b>DATA WAREHOUSE LABS</b>			8 Employer identification number (EIN) <b>26-3784559</b>		
3 Street address (including apartment no.) <b>8215 GREEN PARROT RD UNIT 107</b>				9 Street address (including room or suite no.) <b>001 DURHAM AVENUESTE 306</b>			10 Contact telephone number <b>(973) 607-2831</b>		
4 City or town <b>JACKSONVILLE</b>		5 State or province <b>FL</b>		6 Country and ZIP or foreign postal code <b>32256</b>		11 City or town <b>SOUTH PLAINFIELD</b>		12 State or province <b>NJ</b>	13 Country and ZIP or foreign postal code <b>07080</b>

Part II Employee Offer of Coverage	Employee's Age on January 1												Plan Start Month (enter 2-digit number): <b>05</b>		
	All 12 Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
14 Offer of Coverage (enter required code) <b>1E</b>															
15 Employee Required Contribution (see instructions) \$		\$ 157.56	\$ 157.56	\$ 157.56	\$ 157.56	\$ 179.93	\$ 179.93	\$ 179.93	\$ 179.93	\$ 179.93	\$ 179.93	\$ 179.93	\$ 179.93	\$ 179.93	\$ 179.93
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) <b>2C</b>															
17 ZIP Code															

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

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