				95C for instructions a	nd the latest informat	Heappreter						OMB No. 1545-2251 L00120 2023 8 Employer identification number (EIN)					
Part I Employ	yee				al security number (SSN) +-**-2448	Applicable Larg	e Employer Memb	er (Employer)						eridentit 9836		numbe	r (EIN)
Name of employee (fir JYOTHI KIRA						7 Name of employer T-MOBILE US	TNC										
Street address (includ	ing apartment no.)					9 Street address (include	fing room or suite no.)							t telepho			
1970 MANDAN City or town		5 State or province	ce	6 Country an	ZIP or foreign postal code	12920 SE 38		12 State or province					855-866-2367 13 Country and ZIP or foreign postal country				
FREMONT		CA		94539		BELLEVUE		WA					98006				
Part II Employ					Employee's Age on January 1			Plan Start Month (enter 2-digit number):									
4 Offer of Coverage	All 12 Months	Jan	Feb	Mar	Apr	May June	July	Aug	Sep	ıt		Oct	-	Nov	-		Dec
(enter required code)		1A	1A	1A	1A 1	A 1A	1A	1A	1A		17	A	-	1E	_	11	I
5 Employee Required Contribution (see instructions)	s	\$	s	\$	\$ \$	\$	\$	\$ \$		 	S		\$ 7	78.0	0 5	š	
16 Section 4980H Safe Harbor and Other Relief (enter code, f applicable)		20	2C	2C	2C 2	C 2C	2C	2C	2C		20	2		2C		27	A
														20			
7 ZIP Code For Privacy Act and Pa																	
or Frivacy Act and Fr	aperwork Reducti	on Act Nouce, St	ee separate instruc	tions.		Cat. No. 60705M								F	orm 10	35-C ((2023)
		If Employer	provided soff income	und owened	check the how and or	to the information for				d'an II			[V	1		600 F	1320 Page 3
		More wood	0		check the box and en	The state of the s	T		ge, incl	uding th	ne emp] f covera	ge		
		(a) Name o	provided self-ins f covered individual middle initial, last na	(s)	check the box and er	ter the information fo (b) SSN or other TIN	or each individual er (c) DOB (if SSN or o TIN is not availabl	ther (d) Covered	Jan I	Feb Mar	_	(e) M	onths o	f covera	_	F	Page 3
Part III Covere	ed Individuals -	(a) Name o First name,	f covered individual	(s)	check the box and en	The state of the s	(c) DOB (if SSN or o	ther (d) Covered	Jan I		Apr	(e) Me May J	onths o	f covera	Sept	Oct	Page 3
Pari II Covere	ed Individuals -	(a) Name o First name,	f covered individual	(s)	check the box and er	(b) SSN or other TIN	(c) DOB (if SSN or o	ther (d) Covered	Jan I	Feb Mar	Apr	(e) Me May J	onths o	f covera	Sept	Oct	Nov D
18 JYOTHI KI:	ed Individuals -	(a) Name o First name,	f covered individual	(s)	check the box and en	(b) SSN or other TIN	(c) DOB (if SSN or o	ther (d) Covered	Jan I	Feb Mar	Apr	(e) Me May J	onths o	f covera	Sept	Oct	Nov D
Part III Covered to the part I	ed Individuals -	(a) Name o First name,	f covered individual	(s)	check the box and en	(b) SSN or other TIN	(c) DOB (if SSN or o	ther (d) Covered	Jan I	Feb Mar	Apr	(e) Me May J	onths o	f covera	Sept	Oct	Nov D
Partill Covered 18 JYOTHI KII 19 20	ed Individuals -	(a) Name o First name,	f covered individual	(s)	check the box and en	(b) SSN or other TIN	(c) DOB (if SSN or o	ther (d) Covered	Jan I	Feb Mar	Apr	(e) Me May J	onths o	f covera	Sept	Oct	Nov D
Part III Covered to the covered to t	ed Individuals -	(a) Name o First name,	f covered individual	(s)	check the box and en	(b) SSN or other TIN	(c) DOB (if SSN or o	ther (d) Covered	Jan I	Feb Mar	Apr	(e) Me May J	onths o	f covera	Sept	Oct	Nov D
Partill Covered a JYOTHI KII 9 1 2 3	ed Individuals -	(a) Name o First name,	f covered individual	(s)	check the box and en	(b) SSN or other TIN	(c) DOB (if SSN or o	ther (d) Covered	Jan I	Feb Mar	Apr	(e) Me May J	onths o	f covera	Sept	Oct	Nov D
Pantill Covered 8 JYOTHI KI 9 10 11 22 33 44	ed Individuals -	(a) Name o First name,	f covered individual	(s)		(b) SSN or other TIN	(c) DOB (if SSN or o	ther (d) Covered	Jan I	Feb Mar	Apr	(e) Me May J	onths o	f covera	Sept	Oct	Nov D
B JYOTHI KII	ed Individuals -	(a) Name o First name,	f covered individual	(s)		(b) SSN or other TIN	(c) DOB (if SSN or o	ther (d) Covered	Jan I	Feb Mar	Apr	(e) Me May J	onths o	f covera	Sept	Oct	Nov D
BATTILL Covered a JYOTHI KII 9 1 1 2 3 4 5 6	ed Individuals -	(a) Name o First name,	f covered individual	(s)		(b) SSN or other TIN	(c) DOB (if SSN or o	ther (d) Covered	Jan I	Feb Mar	Apr	(e) Me May J	onths o	f covera	Sept	Oct	Nov D
Part III Covered 8 JYOTHI KI 9 10 11 12 13 14 15 16 17	ed Individuals -	(a) Name o First name,	f covered individual	(s)		(b) SSN or other TIN	(c) DOB (if SSN or o	ther (d) Covered	Jan I	Feb Mar	Apr	(e) Me May J	onths o	f covera	Sept	Oct	Nov D
8 JYOTHI KII 9 10 11 22 33 44 55 66 7 8	ed Individuals -	(a) Name o First name,	f covered individual	(s)		(b) SSN or other TIN	(c) DOB (if SSN or o	ther (d) Covered	Jan I	Feb Mar	Apr	(e) Me May J	onths o	f covera	Sept	Oct	Nov D
Pantill Covered 8 JYOTHI KII	ed Individuals -	(a) Name o First name,	f covered individual	(s)		(b) SSN or other TIN	(c) DOB (if SSN or o	ther (d) Covered	Jan I	Feb Mar	Apr	(e) Me May J	onths o	dovera	y Sept	Oct X	Nov D