

# 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.

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 CORRECTED

OMB No. 1545-2281 L00120  
**2023**

<b>Part I Employee</b>		2 Social security number (SSN) ***-**-2448	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 91-1983600
1 Name of employee (first name, middle initial, last name) JYOTHI KIRAN NANDANAMUDI			7 Name of employer T-MOBILE USA INC		
3 Street address (including apartment no.) 1970 MANDAN CT			9 Street address (including room or suite no.) 12920 SE 38TH STREET		10 Contact telephone number 855-866-2367
4 City or town FREMONT	5 State or province CA	6 Country and ZIP or foreign postal code 94539	11 City or town BELLEVUE	12 State or province WA	13 Country and ZIP or foreign postal code 98006

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)
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	
		1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1E	1H
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 78.00	\$
		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2A

17 ZIP Code  
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2023)

18 JYOTHI KIRAN NANDANAMUDI	(b) SSN or other TIN ***-**-2448	(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	
			X	X	X	X	X	X	X	X	X	X	X	X	X	X
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