

1095-C

Employer-Provided Health Insurance Offer and Coverage

VOID CORRECTED

OMB No. 1545-0047 601129 2023

Department of the Treasury Internal Revenue Service

Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095-C for instructions and the latest information.

Part I Employee: Name of employee (first name, middle initial, last name) ASHA GUNISHETTYBABURAO, Social security number (SSN) \*\*\*-\*\*-5726, Applicable Large Employer Member (Employer) DFB CORPORATE SERVICES LLC, Employer identification number (EIN) 27-5572613, Employer address (including apartment no.) 14016 SMOCKTINO STAR DR NORTHSTAR BY HERITAGE HOMES, Employer phone number 844-337-6987, City or town HAZLET, State or province TX, Country and ZIP or foreign postal code 76052, City or town RIVERWOODS, State or province IL, Country and ZIP or foreign postal code 60015

Part II Employee Offer of Coverage: Table with columns for months (All 12 Months, Jan, Feb, Mar, Apr, May, June, July, Aug, Sept, Oct, Nov, Dec) and rows for Offer of Coverage (1E), Employee Required Contribution (127.17), and Section 4980H (2C).

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 00705M Form 1095-C (2023)

Part III Covered Individuals: Table with columns for (a) Name of covered individual(s), (b) SSN or other TIN, (c) DOB (if SSN or other TIN is not available), (d) Covered all 12 months, and (e) Months of coverage (Jan-Dec). Row 18 shows ASHA GUNISHETTYBABURAO with SSN \*\*\*-\*\*-5726 and coverage for all months.