Azzur Consulting LLC 330 S Warminster Rd Suite 341 Hatboro PA, 19040

Teia Kamireddv 282 Princeton Arms North EAST WINDSOR TOWNSHIP, NJ 08512

Form 1095-C	T	Employer-Provided Health Insurance Offer and Coverage								VOID	600120 OMB No. 1545-2251			
Department of the Internal Revenue					to your tax retu	•	,		CTED	ED 2023				
			> Go to w	ww.irs.gov/For	m1095C for ins	tructions and	the latest info	rmation.						
Part I Emplo	oyee							Applic	able Large	Employer	Member (E	Employer)		
1 Name of employee (first name, middle initial, last name) Teja Kamireddy 2 Social security number (SSN) 783-89-4902							7 Name of em Azzur Con	nployer sulting LL	8 Employer 85-11878	er identification number (EIN) 2874				
3 Street address (including apartment no.)							9 Street addre	ess (including	room or suite	10 Contact telephone number				
282 Princeton	Arms Nort	h					330 S War	minster Ro	I Suite 341		215-322-6	8322 x506		
4 City or town		5 State or province		6 Country and ZIP or foreign postal code			11 City or tov	vn	12 State	or province	13 Country and ZIP or foreign postal code			
EAST WINDSOR TOWNSHIP		NJ		US 08512			Hatboro		PA		US 19040			
Part II Emplo	oyee Offer	of Coverage	•		Employee's	Age on J	anuary 1		Plan Sta	rt Month (E	nter 2-dig	it number)): 01	
	All 12 Month	ns Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (Enter required code)		1A	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H	
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A	
17 Zip Code For Priv	vacy Act and	Paperwork Re	duction Act	Notice, see se	eparate instruct	ions.		Cat. No 607	705M			Form 109	95-C (2023)	

(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 months	(e) Months of Coverage												
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
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