



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 for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-7251

2023

Part I Employee

1 Name of employee (first name, middle initial, last name) Harish Nair	2 Social security number (SSN) XXX-XX-8087	7 Name of employer ASML US LP	8 Employer identification number (EIN) 822530621
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3 Street address (including apartment no.) 8502 Summerdale Rd Apt 4	6 Country and ZIP or foreign postal code 92126	9 Street address (including room or suite no.) 2650 W Geronimo Place	10 Contact telephone number (858) 385-5544
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4 City or town San Diego	5 State or province CA	11 City or town Chandler	12 State or province AZ	13 Country and ZIP or foreign postal code 85224
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Part II Employee Offer of Coverage	Employee's Age on January 1	Plan Start Month (enter 2-digit number):	01
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14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1A													
15 Employee Required Contribution (see instructions)													
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												
17 ZIP Code													

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

Cat. No. 60705M

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