Affinity Solutions, Inc.
112 W 34th Street, 18th Floor
New York NY, 10120

Spurthi Patnam
555 W Madison St APT 2510
Chicago, IL 60661

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

600120
OMB No. 1545-2251
2023

Part I Employee			**Applicable Large Employer Member (Employer)**	
1 Name of employee (first name, middle initial, last name) **Spurthi Patnam**	2 Social security number (SSN) **XXX-XX-5857**		7 Name of employer **Affinity Solutions, Inc.**	8 Employer identification number (EIN) **13-4024222**
3 Street address (including apartment no.) **555 W Madison St APT 2510**			9 Street address (including room or suite no.) **112 W 34th Street, 18th Floor**	10 Contact telephone number **212-822-9607**
4 City or town **Chicago**	5 State or province **IL**	6 Country and ZIP or foreign postal code **US 60661**	11 City or town **New York**	12 State or province **NY**	13 Country and ZIP or foreign postal code **US 10120**

Part II Employee Offer of Coverage — **Employee's Age on January 1** — **Plan Start Month (Enter 2-digit number): 06**

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (Enter required code)	1A												
15 Employee Required Contribution (see instructions)	$	$	$	$	$	$	$	$	$	$	$	$	$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												
17 Zip Code													

Part III **Covered Individuals**

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☐

	(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
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	