

Do not attach to your tax return. Keep for your records.
 Go to www.irs.gov/Form1095C for instructions and the latest information.

Part I Employee		2 Social security number (SSN) ***-**-6344	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 13-3640390
1 Name of employee (first name, middle initial, last name) HARISH GURAJAPU			7 Name of employer CITIBANK NA		
3 Street address (including apartment no.) 11700 LEBANON RD APT. 528			9 Street address (including room or suite no.) 3800 CITIGROUP CENTER DR A-3		10 Contact telephone number 800-881-3938
4 City or town FRISCO	5 State or province TX	6 Country and ZIP or foreign postal code 75035	11 City or town TAMPA	12 State or province FL	13 Country and ZIP or foreign postal code 33610

Part II Employee Offer of Coverage		Employee's Age on January 1						Plan Start Month (enter 2-digit number): 01					
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$ 187.42	\$ 187.42	\$ 187.42	\$ 187.42	\$ 187.42	\$ 187.42	\$ 187.42	\$ 187.42	\$ 187.42	\$ 187.42	\$ 187.42	\$ 187.42
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code													

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

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. <input checked="" type="checkbox"/>															
(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 HARISH GURAJAPU	***-**-6344			X	X	X	X	X	X	X	X	X	X	X	X
19 TEJASRI GANALA	***-**-8019					X	X	X	X	X	X	X	X	X	X
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