

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](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-2251

**2023**

<b>Part I Employee</b>				<b>Applicable Large Employer Member (Employer)</b>											
1 Name of employee (first name, middle initial, last name) <b>Narasimha Reddy Nalamalapu</b>		2 Social security number (SSN) <b>*****5246</b>		7 Name of employer <b>Tetra Soft Inc</b>				8 Employer identification number (EIN) <b>43-1790799</b>							
3 Street address (including apartment no.) <b>3815 FOX RUN Dr apt 1213</b>				9 Street address (including room or suite no.) <b>16100 Swingley Ridge Rd Ste 230</b>				10 Contact telephone number <b>636 530-7638</b>							
4 City or town <b>Cincinnati</b>		5 State or province <b>OH</b>		6 Country and ZIP or foreign postal code <b>45236</b>				11 City or town <b>Chesterfield</b>		12 State or province <b>MO</b>		13 Country and ZIP or foreign postal code <b>63017</b>			
<b>Part II Employee Offer of Coverage</b>				<b>Employee's Age on January 1</b>				<b>Plan Start Month (enter 2-digit number): 01</b>							
	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)	\$	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		
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

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