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

1 Name of employee (first name, middle inital, last name)	2 Social security number (SSN)
UMA NAGA VENKATA VIJ | | KONAKALLA	XXX-XX-8528
3 Street address (including apartment no.)	
2415 OAKBROOK DRIVE	

4 City or town	5 State or province	6 Country and ZIP or foreign postal code
KOKOMO	IN	46902

Applicable Large Employer Member (Employer)

7 Name of employer	8 Employer identification number (EIN)
BORGWARNER PDS (USA) INC.	36-3992338
9 Street address (including room or suite no.)	**10** Contact telephone number
3850 HAMLIN ROAD	248-829-0553

11 City or town	12 State or province	13 Country and ZIP or foreign postal code
AUBURN HILLS	MI	US 48326

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)		1H	1H	1H	1A	1A	1A	1A	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	$	$	$	$	$	$	$	$	$	$	$	$	$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code													

600220

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. [X]

	(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	UMA NAGA VENKATA VIV		KONAKALLA	XXX-XX-8528		[ ]	[ ]	[ ]	[ ]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]
19	VENKATA NAGA SAI VID		CHAKKA		11/11/1992	[ ]	[ ]	[ ]	[ ]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]
20						[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
21						[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
22						[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
23						[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
24						[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
25						[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
26						[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
27						[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
28						[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
29						[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
30						[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

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Part I Employee

1 Name of employee (first name, middle inital, last name)	2 Social security number (SSN)
UMA NAGA | VENKATA VIJ | KONAKALLA	XXX-XX-8528
3 Street address (including apartment no.)	
2415 OAKBROOK DRIVE	

4 City or town	5 State or province	6 Country and ZIP or foreign postal code
KOKOMO	IN	46902

Applicable Large Employer Member (Employer)

7 Name of employer	8 Employer identification number (EIN)
BORGWARNER TECHNOLOGIES SERVICES, LLC	82-2664634
9 Street address (including room or suite no.)	**10** Contact telephone number
3850 HAMLIN ROAD	248-829-0553

11 City or town	12 State or province	13 Country and ZIP or foreign postal code
AUBURN HILLS	MI	US 48326

Part II Employee Offer of Coverage

Employee's Age on January 1

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