

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. 1545-2251 **600120**
2023

Part I Employee		2 Social security number (SSN) ***-**-8822	Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 77-0510487
1 Name of employee (first name, middle initial, last name) VIGNESH GIRIDHARAN		7 Name of employer PAYPAL INC			
3 Street address (including apartment no.) 4 COLONIAL VILLAGE		9 Street address (including room or suite no.) 2211 NORTH FIRST STREET		10 Contact telephone number 844-474-6641	
4 City or town SHELTON	5 State or province CT	6 Country and ZIP or foreign postal code 06484	11 City or town SAN JOSE	12 State or province CA	13 Country and ZIP or foreign postal code 95131

14 Offer of Coverage (enter required code)	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		
		1A	1A	1A	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)		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	VIGNESH GIRIDHARAN	***-**-8822			X	X	X	X	X	X	X	X	X	X	X	X	X
19	RITHANYA LAKSHMANAN	***-**-5219			X	X	X	X	X	X	X	X	X	X	X	X	X
20	AADHIRA VIGNESH	***-**-3272			X	X	X	X	X	X	X	X	X	X	X	X	X
21	NIRAV VIGNESH	***-**-2271			X	X	X	X	X	X	X	X	X	X	X	X	X
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