| E 1095-C Department of the Treasur   |                   | Employ          | ▶ D                | o not attach to y                        | your tax return. Ke  | ep fo  | nce Offer and or your records.    |                       | VOID CORRECTED                         |                |   |          |         | OMB No. 1545-2251 LOO3                               |                        |                   |           |     |      |          |          |          |
|--|-------------------|-----------------|--------------------|--|--|--------|-----------------------------------|-----------------------|--|----------------|---|----------|---------|--|------------------------|-------------------|-----------|-----|------|----------|----------|----------|
| Part   Employ  | SN)               |                 |                    |  |  |        |                                   |                       |  |                | 8 Employer identification number (EIN) 39-1684871 |          |         |  |                        |                   |           |     |      |          |          |          |
| 1 Name of employee (firs<br>SANJAY BHAT'   |                   | al, last name)  |                    | •  |  |        | 7 Name of employer<br>CLARIOS, LL | 2                     |  |                |   |          |         |  |                        |                   |           |     |      |          |          |          |
| 3 Street address (including 4655 LILLY F   | ng apartment no.) |                 |                    | 9 Street address (including 5757 N GREEN |  |        | TAX DEPA                          | RTMI                  | INT                                    | x - 8          | 1   |          | Conta   |  |                        |                   |           |     | _    |          |          |          |
| 4 City or town 5 State or province BROOKFIELD WI                                   |                   |                 |                    | 6 Country and<br>53005                   | d ZIP or foreign posta   | l code |                                   | ate or province       |  |                |   |          |         | 13 Country and ZIP or foreign postal code 53201-0591 |                        |                   |           |     |      |          |          |          |
| Part II Employee Offer of Coverage   |                   |                 |                    |  | e's Age on Janu  | ary 1  |                                   | Plan                  | an Start Month (enter 2-digit number): |                |   |          |         |  |                        | - BOLLOWING COLDS |           |     |      |          |          |          |
|  | All 12 Months     | Jan             | Feb                | Mar                                      | Apr  |        | May June                          | July                  | $\pm$                                  | Aug            | Sept  |          | Oc      |  |                        |                   | ١         | Vov | T    |          | Dec      |          |
| 14 Offer of Coverage<br>(enter required code)                                      |                   | 1A              | 1A                 | 1A                                       | 1A   | 1      | IA 1A                             | 1A                    |  | 1A             | 12  |          | A 17    |  | 1                      |                   |           | Α   |      | 1        | A        |          |
| 15 Employee Required Contribution (see instructions)                               | s                 | s               | s                  | s  | s  |        | s                                 | s                     | s                                      | s              |   |          | s       |  |                        | s                 |           |     | ,    | \$       |          |          |
| 16 Section 4980H<br>Safe Harbor and Other<br>Relief (enter code,<br>if applicable) |                   | 2C              | 20                 | 2C                                       | 20   | 2      | 2C 2C                             | 2C                    | :                                      | 2C             | 20  | 20       |         | 2  | 20                     |                   | С         | 2   |      | C        |          |          |
| 17 ZIP Code  |                   |                 |                    |  |  |        |                                   |                       |  |                |   |          |         |  |                        |                   |           |     |      |          |          |          |
| For Privacy Act and Pag  | perwork Reductio  | n Act Notice, s | ee separate instru | ictions.                                 |  |        | Cat. No. 60705M                   |                       |  |                |   |          | $\perp$ |  |                        |                   |           | For | m 10 | 95-C     | (20)     | (3)      |
| Form 1095-C (2023)   |                   |                 |                    |  |  |        | os) (the                          |                       |  | -              |   |          |         |  |                        |                   |           |     |      | 600      |          |          |
| Part III Covere  | d Individuals -   | - If Employer   | provided self-in   | sured coverage                           | e, check the box a   | nd e   | nter the information fo           | r each individu       | al enrolle                             | ed in coverage | ge, ind   | cluding  | g the   | e emr  | olove                  | . [>              | <         |     |      |          | Page     | <u> </u> |
| (a) Name of covered individual(s) First name, middle initial, last name            |                   |                 |                    |  |  |        | (b) SSN or other TIN              | (c) DOB (if SSI       | (d) Covered<br>all 12 months           |                |   |          |         | (e) N  | (e) Months of coverage |                   |           |     |      |          |          |          |
| 18 SANJAY BHATTACHARYYA  |                   |                 |                    |  |  |        | ***-**-6259                       | Title flot dvallable) |  | X              |   |          |         |  | May X                  | V 75              | July<br>X | Aug | Sept | Oct<br>X | Nov      | Dec      |
| 19 ADRIJA BHATTACHARYYA  |                   |                 |                    |  |  |        | ***-**-9147                       |                       |  |                | ×   | ×        | ×       | ×  | ×                      | ×                 |           | ×   | ×    | ×        | ×        | ×        |
| 20 ADVIK BHATTACHARYYA   |                   |                 |                    |  |  |        | ***-**-3902                       |                       |  |                | ×   | ×        | ×       | ×  | ×                      | ×                 | ×         | ×   | ×    | ×        | ×        | ×        |
| 21 RIMA BHATTACHARYYA  |                   |                 |                    |  |  |        | ***-**-8897                       |                       |  |                | ×   | ×        | ×       | ×  | ×                      | ×                 | ×         | ×   | ×    | ×        | ×        | ×        |
| 22   |                   |                 |                    |  | -  |        |                                   |                       |  |                |   |          |         |  |                        |                   |           |     |      |          |          |          |
| 23   |                   |                 |                    |  |  |        |                                   |                       |  |                |   |          |         | $\vdash$   | $\vdash$               |                   |           |     |      |          |          |          |
| 24   |                   |                 |                    |  |  |        |                                   |                       |  |                |   |          |         | $\vdash$   |                        |                   |           |     | 7.   | $\vdash$ | $\vdash$ | $\vdash$ |
| 25   |                   |                 |                    |  |  |        |                                   |                       |  |                |   |          |         |  | $\vdash$               |                   |           |     |      |          |          | $\vdash$ |
| 26   |                   |                 |                    |  |  |        |                                   |                       |  |                |   | $\vdash$ |         | $\vdash$   | $\vdash$               |                   |           |     |      |          |          |          |
| 27   |                   |                 |                    |  |  |        |                                   |                       |  |                |   |          |         |  |                        |                   |           |     |      |          |          |          |
| 28   |                   |                 | Congression        |  | Ti de la companya de |        |                                   |                       |  |                |   |          |         |  | 3.40                   |                   |           |     |      | $\vdash$ |          |          |
|  |                   |                 |                    |  |  |        | I Charles to the control of       |                       |  |                |   |          |         |  |                        |                   |           |     |      | _        | 1        | -        |