

**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

<b>Part I Employee</b>		2 Social security number (SSN) ***-**-6744		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 38-1612444	
1 Name of employee (first name, middle initial, last name) VENKATAPRAMOD JAKKA				7 Name of employer FORD MOTOR CREDIT COMPANY LLC			
3 Street address (including apartment no.) 48420 FIELDSTONE DR				9 Street address (including room or suite no.) ONE AMERICAN ROAD TAX OFFICE ROOM 612		10 Contact telephone number 800-248-4444	
4 City or town NORTHVILLE		5 State or province MI		6 Country and ZIP or foreign postal code 48168		11 City or town DEARBORN	
				12 State or province MI		13 Country and ZIP or foreign postal code 48126	

<b>Part II Employee Offer of Coverage</b>		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)		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															

<b>Part III Covered Individuals</b> – 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 VENKATAPRAMOD JAKKA	***-**-6744			X	X	X	X	X	X	X	X	X	X	X	X
19 GANGA DADI	***-**-3639			X	X	X	X	X	X	X	X	X	X	X	X
20 SREETHAN R JAKKA	***-**-2780			X	X	X	X	X	X	X	X	X	X	X	X
21 SREEYANN R JAKKA	***-**-0715			X	X	X	X	X	X	X	X	X	X	X	X
22															
23															
24															
25															
26															
27															
28															
29															
30															