E 1095-C Department of the Treasury Internal Revenue Service	Linploy	D	o not attach to y	our tax return. Keep	nce Offer and Coverage or your records.				□ VOID □ CORRECTED			OMB No. 1545-2251 6003				
Part I Employee		00 10 1111	r.ms.gov/r omirro	33C for instructions		ge Employer Membe	r (Employer)								
Name of employee (first name, mid	2 Socia	al security number (SSN)								8 Emplo	yer identi	fication	number	(EIN		
SOURISH Street address (including apartment	MOTEY (no.)		XXX	K-XX-7530	COMMUNICATIONS TEST DESIGN INC.						23-2015935 10 Contact telephone number					
30 GOLF VIEW DR APT A4					9 Street address (including room or suite no.) 1373 ENTERPRISE DR.						1-844-537-2448					
City or town 5 State or province NEWARK DE			6 Country and US 197	IZIP or foreign postal cod	e 11 City or town				nce			13 Country and ZIP or foreign posta US 19380				all co
Part II Employee Offer of	of Coverage			Age on January 1:	THE CITED	Plan Start Month		mber):	04							
All 12 Mor	nths Jan	Feb	Mar	Apr	May June	July	Aug	Se	ept	T	Oct		Nov	T	D	BC
4 Offer of Coverage enter required code)	1н	1н	1H	1н	1н 1н	1н	1н	1	н		1н		1E	1	15	
Employee Required					111	111	In	-		+	111	_		+		
ontribution see instructions)													102.4		102	
6 Section 4980H Safe	3	3	3	5	5	5 5				5	7	\$.	103.4	4 5	103.	44
Harbor and Other Relief (enter code,																
f applicable)	2A	2A	2A	2A	2A 2A	2D	2D	21	0		2D	_	2C	_	2C	
7 ZIP Code																
For Privacy Act and Paperwork	Reduction Act Notice, se	e separate inst	ructions.		Cat. No.	60705M							Form	n 1095	C (2023	
Form 1085-C (2023)														F00	320 age 3	
Covered Indivi	i duals vided self-insured cov	rerage, check	the box and ente	or the information for e	ach individual enrolle	d in coverage, includin	g the employe	ee. D	2					F00	320 age 3	
Covered Indivi	vided self-insured cov (a) Name of cover	red individual(s)	the box and ente	er the information for e	ach individual enrolle	(c) DOB (if SSN or other	(d) Covered			1\	_	eths of co	_	Р	age 3	
Part III Covered Indivi	vided self-insured cov	red individual(s) nitial, last name		r the information for e	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)		Jan Fo		r Apr	_	-	verage Aug Ser	pt Oct	Nov D	
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