

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.

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 CORRECTED

OMB No. 1545-2251 **600320**
2023

Part I Employee		2 Social security number (SSN) ***-**-5604		Applicable Large Employer Member (Employer)		8 Employer identification number (EIN) 27-0509518	
1 Name of employee (first name, middle initial, last name) REVANTH CHERUKURI				7 Name of employer DB GLOBAL TECHNOLOGY INC			
3 Street address (including apartment no.) 272 GILDER WOODS DR				9 Street address (including room or suite no.) 1 COLUMBUS CIRCLE		10 Contact telephone number 888-213-5500	
4 City or town GARNER		5 State or province NC		6 Country and ZIP or foreign postal code 27529		11 City or town NEW YORK	
				12 State or province NY		13 Country and ZIP or foreign postal code 10019	

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		
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$ 126.02	\$ 126.02	\$ 126.02	\$ 126.02	\$ 126.02	\$ 126.02	\$ 126.02	\$ 126.02	\$ 126.02		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2D	2C	2C	2C	2C	2C	2C	2C	2C	2C		

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.

	(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	REVANTH CHERUKURI	***-**-5604					X	X	X	X	X	X	X	X	X	X
19	IRA CHERUKURI	***-**-5567					X	X	X	X	X	X	X	X	X	X
20	LAYA CHERUKURI	***-**-9089					X	X	X	X	X	X	X	X	X	X
21	RAMYASRI MANDEPUDI	***-**-3118					X	X	X	X	X	X	X	X	X	X
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