Form **1095-B**

Department of the Treasury
Internal Revenue Service

Health Coverage

▶ **Do not attach to your tax return. Keep for your records.**
▶ **Go to *www.irs.gov/Form1095B* for instructions and the latest information.**

☐ VOID
☐ CORRECTED

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OMB No. 1545-2252

2023

Part I Responsible Individual

1 Name of responsible individual–First name, middle name, last name			2 Social security number (SSN) or other TIN	3 Date of birth (if SSN or other TIN is not available)
ANUSHA		CHINTHAKUNTLA	***-**-3789	

4 Street address (including apartment no.)	5 City or town	6 State or province	7 Country and ZIP or foreign postal code
1921 LAMM DR APT 4107	CHARLOTTE	NC	UNITED STATES 28262

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ▶ B

9 Reserved

Part II Information about Certain Employer-Sponsored Coverage (see instructions)

10 Employer name			11 Employer identification number (EIN)
KASTECH SOFTWARE SOLUTIONS GROUP INC			26-0845325
12 Street address (including room or suite no.)	**13** City or town	**14** State or province	**15** Country and ZIP or foreign postal code
6918 CORPORATE DR SUITE A1	HOUSTON	TX	77036

Part III Issuer or Other Coverage Provider (see instructions)

16 Name			17 Employer identification number (EIN)	18 Contact telephone number
UnitedHealthcare, Inc.			41-1922511	866-633-2446
19 Street address (including room or suite no.)	**20** City or town	**21** State or province	**22** Country and ZIP or foreign postal code	
3000 Bayport Drive Suite 1170	Tampa	FL	UNITED STATES 33607	

Part IV Covered Individuals (Enter the information for each covered individual.)

(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	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23 ANUSHA		CHINTHAK UNTLA	***-**-3789		X	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60704B Form **1095-B** (2023)