Department of the Treasury

## Employer-Provided Health Insurance Offer and Coverage Do not attach to your tax return. Keep for your records.

OMB No. 1545-2251 202

Internal Revenue Service				Go to www.	irs.gov/Fo	rm1095C	for instri	uctions and	the late	st infor	mation.						].	$\angle 0$					
Pa	art i Emp	loyee										cable L	arge I	Emplo	yer Me	ember	(Empl	oyer)					
NA	Name of employs		F	RAMASAH	me) HAYAM	ne) AYAM  2 Social security number (SSN)  ****-**-3689				7 Name of employer SALESFORCE.COM INC								8 Employer identification number (EIN) 94-3320693					
3 Street address (including apartment no.) 301 FLAX LN										9 Street address (including room or suite no.) 415 MISSION STREET							10 Contact telephone number (855) 376-5627						
4 City or town 5 State or province CA				6 Country and ZIP or foreign postal code 94582-5562									vince		13 0	country and		l code					
Pa	art II Emp	oloyee Of	fer of	Coverag	je		Emplo	vee's A	ge on Ja				Plar	Start	Mont	h (enter	2-digit	numbe	r): 01				
		All 12 Month	ns	Jan	Feb	Mar	Ap		May	June	- 1	July	A	\ug	Sep	ot	Oct		Nov	D	ec		
Cov	Offer of erage (enter ired code)		1E		1E	1E			1E	1E	1E 1E		1	1E			1E		1E		1E		
Req	Employee uired tribution (see ructions)	\$	s	0.00 \$	0.00	\$ 0.0	00 \$	0.00 \$	0.00	\$ 0.	00 \$	0.00	o \$	0.00	\$ (	0.00 \$	0.0	00 \$	0.00	\$	0.00		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)				2C 2C		2C	2C 2C		2C	2C 2C		2	2C			2C	2C		2C				
17 2	ZIP Code												1										
Pa	The state of the s	rered Ind			ed coverage	, check th	e box and	d enter t	the informa	tion for e	ach in	dividual	enrolle	d in cov	erage,	includir	ng the e	mploye	e. X				
		e of covered i e, middle initi			(b) SSN or	other TIN	(c) DOB (if	SSN or oth t available)			Feb	Mar	Apr	May	Months June	of covera July	ge Aug	Sept	Oct	Nov	Dec		
18	Narende	r	Ram	asahayan	****-**	*-3689				X	X	X	X	X	X	X	X	X	X	X	X		
19	Laxmi Te	eja	Gott	imukkula	****_**	*-7843				X	X	X	X	X	X	X	X	X	X	X	X		
20	Aadhya		Ram	asahayan	****-**	*-9579				X	X	X	X	X	X	X	X	X	X	X	X		
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22						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1																	
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E 1095-C Department of the Treasu Internal Revenue Service	JIV .	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.										CTED	OMB No. 1545-2251 6003					
Part I Employ	yee		1. 1. 1.	2 Social security number (SSN)  ***-**-7843			Applic	able Large E	mployer Mem	ber (Employer	)**		8 Employer identification number (EIN) 36-2085229					
Name of employee (fin					1			employer BANK NA										
3 Street address (included 301 FLAX L								dress (including of MONROE	room or suite no.	)		1 80 1	0 Contact telephone no					
4 City or town SAN RAMON 5 State or province CA				6 Country and ZIP or foreign postal code 94582			11 City or town CHICAGO			12 State or provin	се	1	13 Country and ZIP or foreign posts 60603					
Part II Emplo	yee Offer of C	overage		Employee	s Age on Janu	ary 1	2 3 7			Plan Start Mo	nth (enter 2-digit	number): 0	1	14.				
	All 12 Months	Jan	Feb	Mar	Apr	May		June	July	Aug	Sept	Oct	Nov	Dec				
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E		1E	1E	1E	1E	1E	1E	1E				
15 Employee Required Contribution (see instructions)	\$	<b>\$</b> 163.50	\$ 163.50	163.50	163.50	163.	. 50	163.50	<b>163.50</b>	<b>.</b> 163.50	<b>.</b> 163.50	<b>.</b> 163.5	0 \$ 163.50	. 163.50				
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2Н	2н	2Н	2н	2н		2н	2н	2Н	2н	2Н	2н	2н				
17 ZIP Code																		
For Privacy Act and P	aperwork Reduct	ion Act Notice, see	separate instructi	ions.		Cat	t. No. 607	705M					Form 10	95-C (2023)				

Part III Covered	I Individuals - If Employer provided self-insured coverage, check	k the box and enter the information fo	r each individual enrolle	ed in coveraç	ge, in	cludir	ng the	emp	oloye	e. L						
	(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	27	-		1	(e) N	onths	nths of coverage ne July Aug Sept Oct Nov					
18	r not rome, mode musi, rest name		TIN is not available)	all 12 months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept C	oct No	ov Dec	
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Form 1095-C (2023)