

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.

VOID
 CORRECTED

Part I Employee

1 Name of employee (first name, middle initial, last name) PREETI YADAV		2 Social security number (SSN) XXX-XX-9770	7 Name of employer WOOD GROUP USA, INC.		8 Employer identification number (EIN) 01-0551791
3 Street address (including apartment no.) 24543 CARLTON SPRINGS LN			9 Street address (including room or suite no.) 17325 PARK ROW		10 Contact telephone number 855-213-9673
4 City or town KATY	5 State or province TX	6 Country and ZIP or foreign postal code US 77494	11 City or town HOUSTON	12 State or province TX	13 Country and ZIP or foreign postal code US 77084

Applicable Large Employer Member (Employer)

Part II Employee Offer of Coverage

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) 1E													
15 Employee Required Contribution (see instructions) \$ 12.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C													
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

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	PREETI YADAV	XXX-XX-9770		X												
19	JIA SRIVASTAV	XXX-XX-2669		X												
20	NEAL SRIVASTAV	XXX-XX-8586		X												
21	ABHISHEK SRIVASTAV	XXX-XX-5861		X												
22	KRISH SRIVASTAV	XXX-XX-2539		X												
23																
24																
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