

Form 1095-C

Employer-Provided Health Insurance Offer and Coverage

600120

OMB No. 1545-2251

2023

Department of the Treasury  
Internal Revenue Service

Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

Part I Employee

Applicable Large Employer Member (Employee)

1 Name of employee (first name, middle initial, last name) Bharath Kurjal	2 Social security number (SSN) XXX-XX-1379	7 Name of employer Kforce Inc	8 Employer identification number (EIN) 59-3264661
3 Street address (including apartment no.) 5704 Birdale Ct Apt B	4 City or town DUBLIN	5 State or province OH	6 Country and ZIP or foreign postal code US 43016
9 Street address (including room or suite no.) 1150 Assembly Dr Ste 500 Altn Benefits Department	10 Contact telephone number 8668075074	11 City or town Tampa	12 State or province FL
13 Country and ZIP or foreign postal code US 33607			

Part II

Employee Offer of Coverage

Employee's Age on January 1

Plan Start Month (enter 2-digit number): 01

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)													
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
17 Zip Code													

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

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