Internal Revenue Service Fart I Employee Go to www.irs.gov/Form1095C for instructions are 2 Social security number (SSN) *** ** ** * * * * * * * * * * * * *							Applicable Large Employer Member (Employer)						8 Employer identification number (EIN) 84-1233483		
1 Name of employee (first name, middle initial, last name) RAJAVARDHAN SOMA							7 Name of employer EMPOWER RETIREMENT LLC								
3 Street address (including apartment no.) 6136 ARTIGAS DR							9 Street address (including room or suite no.) 8515 E ORCHARD ROAD						10 Contact telephone number 888-488-1231		
4 City or town SC State or province SC			6 Country 2970	and ZIP or foreign pos	11 City or town GREENWOOD	VILLAGE	12 State or province CO			13 Country and ZIP or foreign postal cod 8 0 1 1 1					
Part II Employee Offer of Coverage					yee's Age on Jan	uary 1	33	1.150 (8.2)	Plan Start Month (enter 2-digit number):						
	All 12 Months	Jan	Feb	Mar	Apr	- N	May June	July	Aug	Sept	Oct		Nov	Dec	
14 Offer of Coverage (enter required code)	1E	9						3 356		Allega	1				
15 Employee Required Contribution (see instructions)	s 144.00	\$	\$	\$	s	s	\$	s	s	\$	s		s	s	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C														
47.710.0-1-															
17 ZIP Code For Privacy Act and P	aperwork Reduct	ion Act Notice, s	ee separate insti	ructions.			Cat. No. 60705M						Form 1	1095-C (2023)	

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