

VOID CORRECTED

OMB No. 1545-2251

2023

Form 1095-C

APPLICABLE LARGE EMPLOYER'S name, address, and telephone no.

NOBLESOFT SOLUTIONS INC.
405 EXECUTIVE DR
LANGHORNE PA 19047

Employee Offer of Coverage Employee's Age on January 1 32

Plan Start Month (enter 2-digit no.): 10
14 Offer of Coverage: 1H
15 Employee Required Contribution (see instructions):
16 Section 4980H Safe Harbor and Other Relief:
17 ZIP Code: 27616

Employer Provided Health Insurance Offer and Coverage

(215) 867-8144

EMPLOYEE'S name and address

NITHISH B SINGA
6013 BALANCE CT
RALEIGH NC 27616

Jan 2A
Feb 2A
Mar 2A
Apr 2A
May 2A
Jun 2A
Jul 2A
Aug 2A
Sep 2A
Oct 2A
Nov 2A
Dec 2D

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

CAA
Department of Treasury - IRS

Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.

APPLICABLE LARGE EMPLOYER'S EIN EMPLOYEE'S SSN

20-8556829 XXX-XX-3802

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 mos. (e) Months of coverage

Table with 6 columns: (a) Name, (b) SSN, (c) DOB, (d) Covered, (e) Months of coverage. Rows 18-23.

Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Employee Offer of Coverage section, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer, it is not required to furnish you a Form 1095-C providing information about the health coverage it offered.

10. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the All 12 Months box or in the separate monthly boxes for all 12 calendar months on line 14.

11. No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

12. Reserved for future use.

13. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage NOT offered to your dependent(s).

14. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s).

15. Individual coverage health reimbursement arrangement (HRA) offered to you only with affordability determined by using employer's primary residence ZIP code.

16. Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using employer's primary residence ZIP code.

17. Individual coverage HRA offered to you, spouse, and dependent(s) with affordability determined by using employer's primary residence ZIP code.

18. Individual coverage HRA offered to you only using the employer's primary employment site ZIP code affordability safe harbor.

19. Individual coverage HRA offered to you and dependent(s) (not spouse) using the employer's primary employment site ZIP code affordability safe harbor.

20. Individual coverage HRA offered to you, spouse, and dependent(s) using the employer's primary employment site ZIP code affordability safe harbor.

21. Individual coverage HRA that is NOT affordable offered to you, employee and spouse or dependent(s), or employee, spouse, and dependent(s).

22. Individual coverage HRA offered to an individual who was not a full-time employee.

23. Individual coverage HRA offered to employee and spouse (no dependent(s)) with affordability determined using employer's primary residence ZIP code.

24. Individual coverage HRA offered to employee and spouse (no dependent(s)) using employer's primary employment site ZIP code affordability safe harbor.

25. Reserved for future use.

26. Reserved for future use.

Line 15. Reports the employee required contribution, which is the monthly cost to you for the lowest cost self-only minimum essential coverage providing minimum value that your employer offered you. For an individual coverage HRA, the employee required contribution is the excess of the monthly premium based on the employer's applicable age for the applicable lowest cost silver plan over the monthly individual coverage HRA amount (generally, the annual individual coverage HRA amount divided by 12). See the Instructions for Forms 1094-C and 1095-C for more details. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1I, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q, 1R, or 1U is entered on line 14. If you were offered coverage but there is no cost to you for the coverage, the line will report "0.00" for the amount. For more information, including on how your eligibility for other healthcare arrangements might affect the amount reported on line 15, visit IRS.gov.

Line 16. Provides the IRS information to administer the employer shared responsibility provisions. Other than a code 2C, which reflects your enrollment in your employer's coverage, none of this information affects your eligibility for the premium tax credit. For more information about the employer shared responsibility provisions, visit IRS.gov.

Line 17. Reports the applicable ZIP code your employer used for determining affordability if you were offered an individual coverage HRA. If code 1L, 1M, 1N, or 1T was used on line 14, this will be your primary residence location. If code 1O, 1P, 1Q, or 1U was used on line 14, this will be your primary employment site. For more information about individual coverage HRAs, visit IRS.gov.

Covered Individuals, Lines 18-23

Reports the name, SSN (or TIN for covered individuals other than the listed employee), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee's family members) covered under the employer's health plan, if the plan is "self-insured." A date of birth will be entered in column (b) only if an SSN (or TIN for covered individuals other than the listed employee) is not entered in column (b). Column (b) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than 6 covered individuals, you will receive one or more additional forms.

Employers are required to furnish Form 1095-C only to the employees. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in the Covered Individuals section if they request it for their records.

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), the premium tax credit, and the employer shared responsibility provisions, visit www.irs.gov/ACA or call the IRS Healthcare Hotline for ACA questions (800-919-9432).

Employee

Reports information about you, the employee. Reports your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.

Applicable Large Employer

Reports information about your employer. This includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

Employer Offer of Coverage, Lines 14-17

Line 14. The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14. The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

1A. Minimum essential coverage providing minimum value offered to you with an employer required contribution for self-only coverage equal to or less than 8.5% (as adjusted) of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 8.5%, visit IRS.gov.

1B. Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).

1C. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.

1D. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).

1E. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.

1F. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

098124001254

RETURN SERVICE REQUESTED

NOBLESOFT SOLUTIONS INC.
405 EXECUTIVE DR
LANGHORNE PA 19047

FIRST-CLASS MAIL
Important Tax Return
Document Enclosed

PRESORTED
FIRST CLASS MAIL
U.S. POSTAGE
PAID
MAILED FROM ZIP CODE 97701
PERMIT NO. 3

41254*912*****AUTO**ALL FOR AADC 275



NITHISH B SINGA
6013 BALANCE CT
RALEIGH NC 27616



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47828

98124

00102483-11379