

710 0191 BE453 000002789

000040989 J0734607

ALLIANCEBERNSTEIN LP
501 COMMERCE STREET
NASHVILLE, TN 37203



710PNA95CPI0000008582A418B381

040989 RO9MXT01 710 0191 BE453 000002789
SHASHENDER SINGH
607, 159 2ND STREET
JERSEY CITY, NJ 07302

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

600120

VOID

CORRECTED

OMB No. 1545-2251

2023

Form **1095-C**
Department of the Treasury
Internal Revenue Service

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.

| Part I Employee | | | | Applicable Large Employer Member (Employer) | | | |
|---|--|--|--|--|--|---|--|
| 1 Name of employee (first name, middle initial, last name) SHASHENDER SINGH | | 2 Social security number (SSN) XXX-XX-4196 | | 7 Name of employer ALLIANCEBERNSTEIN LP | | 8 Employer identification number (EIN) 13-4064930 | |
| 3 Street address (including apartment no.) 607, 159 2ND STREET | | | | 9 Street address (including room or suite no.) 501 COMMERCE STREET | | | |
| 4 City or town JERSEY CITY | | 5 State or province NJ | | 6 Country and ZIP or foreign postal code USA 07302 | | 10 Contact telephone number 629-213-5284 | |
| 11 City or town NASHVILLE | | 12 State or province TN | | 13 Country and ZIP or foreign postal code USA 37203 | | | |

| 14 Offer of Coverage (enter required code) | 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 | | |
| 15 Employee Required Contribution (see instructions) 1E | \$ 49.50 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C | | | | | | | | | | | | | | | |
| 17 ZIP Code | | | | | | | | | | | | | | | |

| Part III Covered Individuals | | | | <input checked="" type="checkbox"/> 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 | SHASHENDER SINGH | XXX-XX-4196 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Form 1095-C(2023)

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