

**Employer-Provided Health Coverage Offer and Coverage**

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.

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**Part I Employee**

**Applicable Large Employer Member (Employer)**

1 Name of employee (first name, middle initial, last name) PRAKASH REDDY BANDI		2 Social security number (SSN) XXX-XX-3926		7 Name of employer NECUNIVERSAL MEDIA, LLC		8 Employer identification number (EIN) 14-1682529	
3 Street address (including apartment no.) 716 TOULOUSE CT				9 Street address (including room or suite no.) 30 ROCKEFELLER PLAZA		10 Contact telephone number 844-405-2085	
4 City or town CARY		5 State or province NC		6 Country and ZIP or foreign postal code US 27519		11 City or town NEW YORK	
				12 State or province NY		13 Country and ZIP or foreign postal code US 10112	

**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)	\$ 139.24	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
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	PRAKASH REDDY BANDI	XXX-XX-3926		X													
19	SREEDEVI BANDI	XXX-XX-7457		X													
20																	
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Form **1095-C**  
 Department of the Treasury  
 Internal Revenue Service

### Employer-Provided Health Insurance Offer and Coverage

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OMB No. 1545-2251

**2023**

Part I Employee				Applicable Large Employer Member (Employer)				
1 Name of employee (first name, middle initial, last name) <b>SREEDEVI BANDI</b>		2 Social security number (SSN) <b>****-**-7457</b>		7 Name of employer <b>WAL-MART ASSOCIATES, INC.</b>			8 Employer identification number (EIN) <b>71-0794409</b>	
3 Street address (including apartment no.) <b>716 TOULOUSE CT</b>				9 Street address (including room or suite no.) <b>702 SW 8TH STREET</b>			10 Contact telephone number <b>(800) 421-1362</b>	
4 City or town <b>CARY</b>		5 State or province <b>NC</b>		6 Country and ZIP or foreign postal code <b>27519-6754</b>		11 City or town <b>BENTONVILLE</b>		12 State or province <b>AR</b>
							13 Country and ZIP or foreign postal code <b>72716</b>	

	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)		1H	1H	1H	1E	1E	1E	1E	1E	1E	1H	1H	1H		
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$ 71.70	\$ 71.70	\$ 71.70	\$ 71.70	\$ 71.70	\$ 71.70	\$	\$	\$		
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2D	2D	2D	2G	2G	2G	2G	2G	2G	2B	2A	2A		
17 ZIP Code															

### 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				<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"/>
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"/>