Infosys Limited 2400 N. Glenville Drive, STE C150 Richardson, TX 75082



Form 1095-C

AASTHA SABHARWAL 20104 103RD PL NE BOTHELL WA 98011-2454

P007

OMB No. 1545-2251

☐ VOID

Coverage 2023 Department of the ☐ CORRECTED ▶ Do not attach to your tax return. Keep for your records Treasury ▶ Go to www.irs.gov/Form1095C for instructions and the latest information. Internal Revenue Service Partl Employee Applicable Large Employer Member (Employer) 1 Name of employee (first name, middle initial, last name) 8 Employer identification number (Ell 2 Social security number (SSN) 7 Name of employer Sabharwal Aastha xxx-xx-6113 Infosys Limited 58-1760235 3 Street address (including apartment no.) 10 Contact telephone number 9 Street address (including apartment no.) 20104 103rd PI NE 2400 N. Glenville Drive, STE C150 214-306-2115 6 Country and ZIP or foreign postal 13 Country and ZIP or foreign posta 12 State or 4 City or town 5 State or province 11 City or town province Bothell USA 98011 Richardson TX USA 75082 Plan Start Month: 04 Part II Employee Offer and Coverage Employee's Age on January 1 14 Offer of All 12 Months Mar Jul Nov Dec Aug Coverage (enter required code) 1E 15 Employee Required \$89.24 \$89.24 \$89.24 \$75.53 \$75.53 \$75.53 \$75.53 \$ 75.53 \$75.53 75.53 \$ 75.53 \$ 75.53 Contribution (see instructions) 16 Section 4980H Safe Harbor and Other Relief (enter 2H code, if applicable 17 ZIP Code Covered Individuals If Employer provided sef-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. Part III (a) Name of covered individual(s) First (c)DOB (If SSN or other TIN is (d) Covered (e) Months of coverage name, middle initial, last name (b) SSN or other TIN all 12 not av ailable) Aug months Jan Feb Mar Sep Oct Nov De 18 19 20 П 21 П П 22 П П П П П П П 23 24 25 26 Form 1095-C (20 For Priv acy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M

Employer-Provided Health Insurance Offer and