

ASS 8888 C5238 000001984

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AUTODESK INC 111 MCINNIS PARKWAY SAN RAFAEL, CA 94903



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RANJIT KUMAR GOLLAMUDI
3160 RIO GRANDE DRIVE
TRACY, CA 95377

P00750

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

Form 1095-C Department of the Treasury Internal Revenue Service			Employer-Provided Health Insurance Offer and Coverage													VOID				OMB No. 1545-2251 2023			
			Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.												CORRECTED								
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							al security number (SS	Applicable Large Employer Member (E								9 Elibiola marane							
RANJIT KUMAR GOLLAMUDI										AUTODESK INC								94-2819853					
3 Street address (including apartment no.) 3160 RIO GRANDE DRIVE							and the same of th				9 Street address (including room or suite no.)								10 Contact telephone number 415-233-9809				
				199						111 MCINNIS PARKWAY							12.0	who me	7IP or fo	reign post	al code		
4 City or town 5 State or prov			5 State or provi	nce	A Plantes		Country and ZIP or foreign postal code							12 State or province				13 Country and ZIP or foreign postal code USA 94903					
Part II Employee Offer of Covera				2000	CA	US	SA 95377			SAN RAFAEL				Plan Start Month (enter 2-					digit number): 01				
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(a) Name of covered individual(s) First name, middle initial, last name			- 50	(b) SSN or o		(c) DOB (if SSN or other	r (d) Cover	ed		HIE W	C. 1846	(e) Months of coverage						Nov	Dec				
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 1095-C(2023)