E 1095-C Department of the Treas Internal Revenue Service	surv	Employ	▶ Do	not attach to y	our tax return. Kee	ep for your	and the latest information.						OMB No. 1545-2251 600 3x 20						
Part I Employee 2 Social security number (S ***-**-6451														8 Employer identification number (EIN) 26-3305132					
1 Name of employee (fi HARISH KUM				7 Name of employer RANDSTAD DIGITAL LLC								330	751.	52	_				
3 Street address (include	ding apartment no.)					9 Stree	et address (includir	ng room or suite no.)				1	10 Cont	tact tel	elepho	ne nun	nber		
1511 MINERAL POINT PL  4 City or town 5 State or province 6 Country and ZIP or foreign postal							3625 CUMBERLAND BLVD SUITE 600 code 11 City or town 12 State or province				855-594-6213  13 Country and ZIP or foreign postal coo								
MELISSA TX				75454	21P or loreign postal		ATLANTA		GA				30339						
Part II Emplo		overage		Employee	e's Age on Janua	ry 1			Plan Start Mon	th (enter 2-	digit numl	ber): 0	1						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept		Oct		1	Nov	$\Box$		Dec	
14 Offer of Coverage (enter required code)		1K	1K	1K	1K	1K	1K	1K	1K	1K		1K		1	1н		1	Н	
15 Employee Required Contribution (see instructions)	\$	\$ 177.84	\$ 177.84	\$ 177.84	s 177.84 s	177.84	s 177.84	1 s 177.84	s 177.84 s	177.	34 s	177.8	34 s			s			
16 Section 4980H																			
Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C		2C		2	2B		2	2A	
7 ZIP Code							o. 60705M												
or Privacy Act and P	aperwork Reducti	on Act Notice, see	separate instruct	tions.									For	rm 109	1095-C (2023)				
Form 1095-C (2023																		1320 Page 3	
Part III Cover	ed Individuals	- If Employer pr	ovided self-insu	ired coverage,	check the box and	ontor the												age 3	
(a) Name of covered individual(s) First name, middle initial, last name						enter the	information for	each individual e	enrolled in covera	ige, includ	ling the		00. L	×				age 3	
18 HARISH KUMAR SHENISHETTY							information for SN or other TIN	(c) DOB (if SSN or	other (d) Covered			(e)	Months	s of co	_		Oct		
19 PARNEETHA SHRESTY CHINTA						(b) SS			other (d) Covered		Mar /		Months	s of co	_	Sept			
0		CHINIA				(b) SS	SN or other TIN	(c) DOB (if SSN or	other (d) Covered	Jan Fe	Mar /	(e) Apr May	Months June	s of co	Aug	Sept	×	Nov De	
1		CHINIA				(b) SS	SN or other TIN	(c) DOB (if SSN or	other (d) Covered	Jan Fe	Mar /	(e) Apr May	Months June	s of co	Aug	Sept	×	Nov D	
2		CHINIA				(b) SS	SN or other TIN	(c) DOB (if SSN or	other (d) Covered	Jan Fe	Mar /	(e) Apr May	Months June	s of co	Aug	Sept	×	Nov D	
3		CHINIA				(b) SS	SN or other TIN	(c) DOB (if SSN or	other (d) Covered	Jan Fe	Mar /	(e) Apr May	Months June	s of co	Aug	Sept	×	Nov D	
		CHINIA				(b) SS	SN or other TIN	(c) DOB (if SSN or	other (d) Covered	Jan Fe	Mar /	(e) Apr May	Months June	s of co	Aug	Sept	×	Nov D	
4		CHINIA				(b) SS	SN or other TIN	(c) DOB (if SSN or	other (d) Covered	Jan Fe	Mar /	(e) Apr May	Months June	s of co	Aug	Sept	×	Nov D	
		CHINIA				(b) SS	SN or other TIN	(c) DOB (if SSN or	other (d) Covered	Jan Fe	Mar /	(e) Apr May	Months June	s of co	Aug	Sept	×	Nov D	
25		CHINIA				(b) SS	SN or other TIN	(c) DOB (if SSN or	other (d) Covered	Jan Fe	Mar /	(e) Apr May	Months June	s of co	Aug	Sept	×	Nov D	
6		CHINIA				(b) SS	SN or other TIN	(c) DOB (if SSN or	other (d) Covered	Jan Fe	Mar /	(e) Apr May	Months June	s of co	Aug	Sept	×	Nov D	
24 25 26 27 28		CHINIA				(b) SS	SN or other TIN	(c) DOB (if SSN or	other (d) Covered	Jan Fe	Mar /	(e) Apr May	Months June	s of co	Aug	Sept	×	Nov D	

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