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.

☐ VOID
☐ CORRECTED

OMB No. 1545-2251

2023

Part I Employee

Field	Value
1 Name of employee (first name, middle initial, last name)	MUTHUMAHARAJA SELVARAJ
2 Social security number (SSN)	XXX-XX-6957
3 Street address (including apartment no.)	4325 RED BLOSSOM WAY APT 205
4 City or town	CHARLOTTE
5 State or province	NC
6 Country and ZIP or foreign postal code	US 28277-3051

Applicable Large Employer Member (Employer)

Field	Value
7 Name of employer	CORNING INCORPORATED
8 Employer identification number (EIN)	16-0393470
9 Street address (including room or suite no.)	ONE RIVERFRONT PLAZA
10 Contact telephone number	800-858-3875
11 City or town	CORNING
12 State or province	NY
13 Country and ZIP or foreign postal code	US 14831

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)	$ 97.00	$	$	$	$	$	$	$	$	$	$	$	$
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

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