

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. 1545-2045 600120

2023

Part I Employee

Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name) SRIHARI SWARNA	2 Social security number (SSN) XXX-XX-4024	7 Name of employer CHARTER COMMUNICATIONS LLC	8 Employer identification number (EIN) 43-1659860
3 Street address (including apartment no.) 10071 PARK MEADOWS DR APT 007		9 Street address (including room or suite no.) 7800 CRESCENT EXECUTIVE DR	
4 City or town LONE TREE	5 State or province CO	6 Country and ZIP or foreign postal code US 80124	11 City or town CHARLOTTE
		12 State or province NC	13 Country and ZIP or foreign postal code US 28217

Part II Employee Offer of Coverage

Employee's Age on January 1:

Plan Start Month (enter 2-digit number): 01

	Employee's Age on January 1:												
	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) \$ 71.98	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
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	SRIHARI SWARNA	XXX-XX-4024		X												
19	SRIYANSH SWARNA		05-11-2023							X	X	X	X	X	X	X
20	MANUSHA GOTTIPATI	XXX-XX-0976		X												
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