

Employer-Provided Health Insurance Offer and Coverage

VOID CORRECTED

2023

Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.

Part I Employee
1 Name of employee: SUSHMANTH V KONETI
2 Social security number (SSN): ***-**-9219
7 Name of employer: MARRIOTT INT'L ADMIN SRVS, INC
9 Street address: 7750 WISCONSIN AVE
10 Contact telephone number: 833-900-6482
11 City or town: BETHESDA
12 State or province: MD
13 Country and ZIP or foreign postal code: 20814-1102

Part II Employee Offer of Coverage
Table with columns for months (All 12 Months, Jan, Feb, Mar, Apr, May, June, July, Aug, Sept, Oct, Nov, Dec) and rows for 14 Offer of Coverage (1A), 15 Employee Required Contribution (\$), and 16 Section 4980H Safe Harbor and Other Relief (2C).

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.
Table with columns for (a) Name of covered individual(s), (b) SSN or other TIN, (c) DOB, (d) Covered all 12 months, and (e) Months of coverage (Jan-Dec).