

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.

OMB No. 1545-2251

2023

Part I Employee

Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name) PUSHPITA MAITRA	2 Social security number (SSN) ****-**-0496	7 Name of employer TATA AMERICA INTERNATIONAL CORP	8 Employer identification number (EIN) 13-2805758
3 Street address (including apartment no.) 27105 PURPLE SAGE CT	6 Country and ZIP or foreign postal code CA 91381-2168	9 Street address (including room or suite no.) 379 THORNALL ST 4TH FLOOR	10 Contact telephone number (866) 502-2494
4 City or town VALENCIA	5 State or province CA	11 City or town EDISON	12 State or province NJ

Part II Employee Offer of Coverage

Employee's Age on January 1

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

14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see Instructions)	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	17 ZIP Code	Plan Start Month (enter 2-digit number): 01														
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
1E				1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
\$ 165.30	\$			\$ 165.30	\$ 165.30	\$ 165.30	\$ 165.30	\$ 165.30	\$ 165.30	\$ 165.30	\$ 165.30	\$ 165.30	\$ 165.30	\$ 165.30	\$ 165.30	\$ 165.30	\$ 165.30	\$ 165.30
2C				2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	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.

18 19 20 21 22 23	(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			
	PUSHPITA MAITRA	****-**-0496		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>