

1095-C

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

VOID CORRECTED

OMB No. 1545-0047 600120

2023

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form1095C for instructions and the latest information.

Part I Employee

Applicable Large Employer Member (Employer)

Employee information fields: 1 Name of employee (SANDEEP LAKKAKULA), 2 Social security number (SSN) (XXX-XX-3535), 7 Name of employer (APEX SYSTEMS, LLC), 8 Employer identification number (EIN) (54-1773546), 9 Street address (4400 COX ROAD, SUITE 200), 10 Contact telephone number (8553144222), 11 City or town (GLEN ALLEN), 12 State or province (VA), 13 Country and ZIP or foreign postal code (US 23060).

Part II Employee Offer of Coverage

Employee's Age on January 1:

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

Table with 13 columns (All 12 Months, Jan-Dec) and 4 rows (Offer of Coverage code, Employee Required contribution, Section 4980H Safe Harbor and Other Relief, ZIP Code).

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form 1095-C (2023)

Form 1095-C (2023)

600320 Page 3

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 for covered individuals with columns for name, SSN/TIN, DOB, coverage status, and months of coverage (Jan-Dec).

Form 1095-C (2023)



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