

1095-C

Form 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

600120 OMB No. 1545-2251 2023

Part I Employee and Applicable Large Employer Member (Employer) fields including Name of employee, Social security number, Name of employer, Street address, City or town, State or province, and Employer identification number.

Part II Employee Offer of Coverage table with columns for Employee's Age on January 1 and Plan Start Month. Rows include Offer of Coverage (1E-1H), Employee Required Contribution (167.23), and Section 4980H Safe Harbor and Other Relief (2C-2A).

Part III Covered Individuals table with columns for Name of covered individual, SSN or other TIN, and Months of Coverage (Jan-Dec). Includes entries for DAYANA K BARRE, SANTOSH KUMAR MUTYALA, and SASHA KATHERINE MUTYALA.