

**1095-C**

**Employer-Provided Health Insurance Offer and Coverage**

OMB No. 1545-2251

Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID  
 CORRECTED

**2023**

**Part I Employee**

1 Name of employee (first name, middle initial, last name) **KRUTIKA DESAI** 2 Social security number (SSN) **XXX-XX-3917** 7 Name of employer **CARE FOR SOUL INC** 8 Employee identification number (EIN) **27-2716697**  
 3 Street address (including apartment no.) **9518 DEE RD** 6 Country and Zip or foreign postal code **USA 60016** 9 Street address (including room or suite no.) **512 WEST HIGGINS ROAD** 10 Contact telephone number **847-983-0041**  
 4 City or town **DES PLAINES** 5 State or province **IL** 11 City or town **PARK RIDGE** 12 State or province **IL** 13 Country and Zip or foreign postal code **USA 60068**

**Part II Employee Offer of Coverage**

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
At 12 Months			
Jan	1H	2D	
Feb	1H	2D	
Mar	1H	2D	
Apr	1A	2C	
May	1A	2C	
June	1A	2C	
July	1A	2C	
Aug	1A	2C	
Sept	1A	2C	
Oct	1A	2C	
Nov	1A	2C	
Dec	1A	2C	

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

Cat. No. 60705M

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