

Employer-Provided Health Insurance Offer

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

Part I Employee

1 Name of employee (first name, middle initial, last name) ARIP MOHIUDDIN		2 Social security number (SSN) XXX-XX-7006		7 Name of employer MANPOWER US INC.		8 Employer identification number (EIN) 39-1836586	
3 Street address (including apartment no.) 4533 RED BARN				9 Street address (including room or suite no.) 100 MANPOWER PLACE			
4 City or town RICHARDSON		5 State or province TX		6 Country and ZIP or foreign postal code US 75082		10 Contact telephone number 8559011222	
11 City or town MILWAUKEE		12 State or province WI		13 Country and ZIP or foreign postal code US 53212			

Part II Employee Offer of Coverage

Employee's Age on January 1: _____ Plan Start Month (enter 2-digit number): **01**

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1E	1E	1H	1H	1H	1H	1H	1H	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$ 813.49	\$ 813.49	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)				2A	2A	2A	2A	2A	2A	2A	2A	2A	2A
17 ZIP Code													

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

Cat. No. 60705M

Form 1095-C (2023)

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.

	(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			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			
27																			
28																			
29																			
30																			