23 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	22	21	Arjuna Sudhanva Reddy 20 Prayakarao	Rajini Reddy 19 Kusukuntla	KAUSHAL 18 PRAYAKARAO	(a) Name of co First name, midc	If Employe	Code		4980H Safe Harbor and Other Relief (enter code, if applicable)	15 Employee Required Contribution (see instructions) \$		14 Offer of Coverage (enter required code)	All 12	Part II Employe	WESTLAND	4 City or town	8031 QUINCY DR	3 Street address (including apartment no.)	KAUSHAL PRAYAKARAO	e of er	Part Employee	Form 1095-C Department of the Treasury Internal Revenue Service
erwork Reduction /			eddy			(a) Name of covered individual(s) First name, middle initial, last name	If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.		101A	zc	\$ 171.36		IE	All 12 Months Jan	Employee Offer of Coverage	MI	5 State or province		apartment no.)	AKARAO	name, middle initial, las		Em
Act Notice, see se				XXX-XX-9721	XXX-XX-1710	(b) SSN or other TIN	sured coverage,			x	\$171.36		E	Feb	age		vince			Marca Lange	t name)	and the second se	Employer-Provided Health Insurance Do not attach to your tax return. Keep for Go to www.irs.gov/Form 1095C for instructions and
parate inst				(-9721	(-1710		check the			x	\$ 171.36		IE	Mar		SN	6 Count			XX	2 Social		vided o not attac w.irs.gov/Fc
ructions.			2021-10-14			other TIN is not available)	e box and enter			x	\$171.36	6	IE	Apr	Employee's	US 48185	6 Country and ZIP or foreign postal code 11 City or town			XXX-XX-1710	2 Social security number (SSN)		Provided Health Insurance Offer and Co Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form 1095C for instructions and the latest information.
[X	X	X	(d) Covered all 12 months	the informat			ан (района) Так (района) Так (района)	\$ 171.36		ΊE	Мау	Employee's Age on January 1		ign postal code 1						ISULTANCE aturn. Keep for Instructions and
[Jan	tion for eac			x	\$ 171.36		ΪE	June	nuary 1	Skokie	11 City or tow	7450 N N	9 Street addr	DRiV Au	7 Name of employer		Offer your record the latest i
[Feb Mar	n individual o		Ч.,	x	\$ 171.36	θ	E	AInf	37			7450 N McCormick B	ess (including ro	DRiV Automotive Inc.		Appl	Offer and Cov our records. the latest information.
[Apr M	enrolled in c			20	\$171.36		E	Aug	Plan St	F	12	Blvd	Street address (including room or suite no.)			cable I arn	verage
[(e) Months of Coverage May June July /	overage, incl			x	\$ 171.36		ΞE	Sept	art Month		State or province					e Employe	
						Coverage July Aug	uding the en		ē	20	\$ 171.36		IE	Oct	Plan Start Month (Enter 2-digit number):		13		10		8	licable Large Employer Member (Employer)	VOID CORRECTED
						Sept Oct	nployee. X	-		x	\$ 171.36		IE	Nov	number):	US 60076	Country and ZIP	844-249-6992	Contact telephonenumber	83-4117479	Employeridenti	Employer)	OMB.
Form 1095-C (2023)						Nov Dec		-		20	\$ 171.36		IE	Dec	01		13 Country and ZIP or foreign postal code	2	onenumber		8 Employeridentificationnumber (EIN)		OMB. No. 1545-2251