Form **1095-C**
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

OMB No. 1545-2251
600120
2023

Part I Employee

Field	Value
1 Name of employee (first name, middle initial, last name)	SRINIVASA REDDY AKITI
2 Social security number (SSN)	***-**-3427
3 Street address (including apartment no.)	17030 N 49TH ST, APT 2155
4 City or town	SCOTTSDALE
5 State or province	AZ
6 Country and ZIP or foreign postal code	85254

Applicable Large Employer Member (Employer)

Field	Value
7 Name of employer	AMERICAN EXPRESS TRS
8 Employer identification number (EIN)	13-3133497
9 Street address (including room or suite no.)	2401 W BEHREND DRIVE SUITE 55
10 Contact telephone number	855-783-4772
11 City or town	PHOENIX
12 State or province	AZ
13 Country and ZIP or foreign postal code	85027

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)		1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A	1A
15 Employee Required Contribution (see instructions)	$	$	$	$	$	$	$	$	$	$	$	$	$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
17 ZIP Code													

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

Cat. No. 60705M

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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	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18	SRINIVASA REDDY AKITI	***-**-3427			X	X	X	X	X	X	X	X	X	X	X	X
19																
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(e) Months of coverage: Jan–Dec columns above.

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