

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

2023

Part I Employee				Applicable Large Employer Member (Employer)						
1 Name of employee (first name, middle initial, last name) MANJULA DHANINKULA		2 Social security number (SSN) 319-75-3133		7 Name of employer CENTRAPRISE CORP			8 Employer identification number (EIN) 45-3193336			
3 Street address (including apartment no.) 777 LAKE CAROLYN PARKWAY 2112				9 Street address (including room or suite no.) 3 ETHEL RD SUITE 304			10 Contact telephone number (732) 960-3333			
4 City or town IRVING		5 State or province TX		6 Country and ZIP or foreign postal code 75039		11 City or town EDISON		12 State or province NJ		13 Country and ZIP or foreign postal code 08817

Part II Employee Offer of Coverage	Employee's Age on January 1							Plan Start Month (enter 2-digit number): 08					
	All 12 Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
14 Offer of Coverage (enter required code) 1E													
15 Employee Required Contribution (see instructions) \$ 298.11	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C													
17 ZIP Code													

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

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