

Employer-Provided Health Insurance Offer and Coverage

Department of the Treasury Internal Revenue Service

Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.

OMB No. 1545-2251 2023

Part I Employee

1 Name of employee (first name, middle initial, last name) JYOTHI PRIYA NAKKA
2 Social security number (SSN) \*\*\*\*\*9169
7 Name of employer TATA AMERICA INTERNATIONAL CORP
8 Employer identification number (EIN) 13-2805758
3 Street address (including apartment no) 1113 NANNYBERRY DR
9 Street address (including room or suite no.) 379 THORNALL ST 4TH FLOOR
10 Contact telephone number (866) 502-2494
4 City or town LAKEWOOD VILLAGE TX
5 State or province TX
6 Country and ZIP or foreign postal code 75068-1662
11 City or town EDISON NJ
12 State or province NJ
13 Country and ZIP or foreign postal code 08837

Part II Employee Offer of Coverage

Table with columns: All 12 Months, Jan, Feb, Mar, Apr, May, June, July, Aug, Sept, Oct, Nov, Dec. Rows for 14 Other of Coverage letter, 15 Employee Required Contribution, 16 Section 4980H State Harbor and Other Relief, 17 ZIP Code.

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. [X]

Table with columns: (a) Name of covered individual(s), (b) SSN or other TIN, (c) DOB, (d) Covered all 12 months, (e) Months of coverage (Jan-Dec). Rows for JYOTHI PRIYA, NAKKA, SUDHEER, SIVA SAI KARTHIKEY, NANDAGIRI, JAISAI ANEESH.

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