

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

1 Name of employee (first name, middle initial, last name) 2 Social security number (SSN) Sudheer Kumar Nandagiri *****5810

3 Street address (including apartment no.) 4 City or town 5 State or province 6 Country and ZIP or foreign postal code 7 Name of employer 8 Employer identification number (EIN) 1113 Nanny berry Dr LITTLE ELM TX 75068 Motion Recruitment Partners 133789932

9 Street address (including room or suite no.) 10 Contact telephone number 11 City or town 12 State or province 13 Country and ZIP or foreign postal code 501 Boylston St 3rd Floor Boston MA 02116 8668336530 02116 01

Part II Employee Offer of Coverage

Table with columns for months (Jan-Dec) and rows for 14 Offer of Coverage, 15 Employee Required Contribution, and 16 Section 4980H. Includes values like \$221.20 and codes like 1H, 2A, 2H, 1E.

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.

Table for covered individuals with columns (a) Name, (b) SSN, (c) TIN, (d) Covered all 12 months, and (e) Months of Coverage (Jan-Dec).

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