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5 1095-C Department of the Treasury Internal Revenue Service	3	Employ	/er-Prov ► Go to www	not attach to lars, gov/Form(Alth Insu your tax return, I 1950 for instruct	IFANCE (keep for your r	Offer ar scords.	Employer-Provided Health Insurance Offer and Coverage * Do not attach to your tax return, keep for your records. * Go to www.res.gow/Form/996C for instructions and the latest information.	age	
Part I Employee	ee			2 Sodi * *	2 Social security number (SSN) Applicable Large Er	SSN) App	licable Large	Applicable Large Employer Member (Employer)	nber (Employ	°,
RAVINDRA JONNALAGADDA	ONNALAGAD	DA				7 Name NXP	NXP USA, INC	IC .		
500 N METRO BLVD APT #1134		T #1134					address (includi	9 Street address (including room or suite no 6501 WILLIAM CANNON 1	ORIVE WEST	ST C
CHANDLER		5 State or province AZ	0	6 Country and 85226	Country and ZIP or foreign postal code 85226	=	STIN		12 State or province TX	/Ince
Part II Employee Offer of Coverage	ee Offer of Co	verage					Start Month	Plan Start Month (Enter 2-digit number):		
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	H
14 Offer of Coverage (enter required code)		1.11	1H	1H	1A	1A	1A	1A	1A	
'mployee Required atribution (see	én	69	so.	69	69	₩	6	₩	(G)	60
Section 4980H iafe Harbor and Other Retal (enter code,		2A	2A	2D	20	20	20	2C	S	
Part III Covered	d Individuals yer provided so	elf-insured cove	rage, check the	box and enter	the information	for each indiv	idual enrolled	Covered individuals If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employer	duding the emi	Joyes
		(a) Name of o	(a) Name of covered individual(s)	s)		(b) SSN	(b) SSN or other TIN	(c) DOB (If SSN or other TIN is not available)	r other (d) Covered able) all 12 months	ered nths
17 RAVINDRA JONNALAGADDA	JONNALAGA	DDA				* * *	***-**-4859			
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	perwork Reducti	on Act Notice, se	e separate instru	ctions.		Cat No	Cat No 60705M			
Name of employee RAVINDRA JONNALAGADDA	WALAGADD	A							Social security	*curity
Part III Covered	Individuals -	Covered Individuals - Continuation Sheet	sheet							
		(a) Name of o	(a) Name of covered individual(s)	s		(b) SSN	(b) SSN or other TIN	(c) DOB (If SSN or other TIN is not available)	other (d) Covered ble) all 12 months	ired
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