600118

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

2019

Part I Employee

1 Name of employee (first name, middle initial, last name)	2 Social security number (SSN)
Hariharasudhan Shanmugam	***-**-6740

3 Street address (including apartment no.)
4315 Glenirish Drive

4 City or town	5 State or province	6 Country and ZIP or foreign postal code
Katy	TX	US 77494

Applicable Large Employer Member (Employer)

7 Name of employer	8 Employer identification number (EIN)
ACADEMY LTD	74-1670067

9 Street address (including room or suite no.)	10 Contact telephone number
1800 N Mason Road	(281) 944-6726

11 City or town	12 State or province	13 Country and ZIP or foreign postal code
Katy	TX	US 77449

Part II Employee Offer of Coverage

Plan Start Month (enter 2-digit number):

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	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)		2A	2D	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C

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	(e) Months of Coverage											
							Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17	Hariharasudha		Shanmugam	***-**-6740		☐	☐	☐	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
18	Ananya		Hariharasudha	***-**-8497		☐	☐	☐	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
19	Shridhama		Hariharasudha	***-**-7627		☐	☐	☐	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
20						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22						☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐