L & T TECHNOLOGY SERVICES LTD 2035 LINCOLN HIGHWAY STE 3002 EDISON NJ US 08817

> BALACHANDAR KRISHNAMURTH 9242 SW 171th St CT MIAMI FL US 33196

Form **1095** Department of the Treasury

Employer-Provided Health Insurance Offer and Coverage ► Do not attach to your tax return. Keep for your records.

СО

VOI

Internal Revenue Service

► Go to www.irs.gov/Form1095C for instructions and the latest information.

Part I Employee							Applicable Large Employer Mem						
1 Name of employee				2 Soci	2 Social security number (SSN)			7 Name of employer					
BALACHANDAR KRISHNAMURTHY				389-3	389-31-8562			L & T TECHNOLOGY SERVICES LTD					
3 Street address (including apartment no.)							9 Street address (including room or suite no.)						
9242 SW 171th St						2035 LINCOLN HIGHWAY STE 3002							
4 City or town		5 State or pro	vince	6 Coun	6 Country and ZIP or foreign postal code				12 State or province				
CT MIAMI FL		FL		US 33	US 33196				NJ				
Part II Emp	oloyee Offe	er of Cove	rage				Plan Start	Month (En	ter 2-digit nur	nber):			
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept			
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1H	1H	1H	1H	1H			
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$			
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
Part III Cov	ered Indiv	iduals	1	I	I		I						

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, inc

	(b) SSN or other TIN	(c) DOB (If SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of C						
(a) Name of covered individual(s)				Jan	Feb	Mar	Apr	May	June	J
17										
18										
19										
20										
21										
22										

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

Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provision in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage for you by the employer is not an Applicable Large Employer it is not required to furnish you a Form 1095-C providing information about the health coverage it offered.

In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Part III provides information to assist you in completing your income tax return by showing you or those family members had qualifying health coverage (referred to as "minimum essential coverage") for some or all months during the year.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, the issuer of the insurance or the sponsor of the plan providing the coverage will furnish you information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, the provider of that coverage will furnish you information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace Statement.



Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records.

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), including the individual shared responsibility provisions, the premium tax credit, and the employer shared responsibility provisions, see *www.irs.gov/Affordable-Care-Act/Individuals-and-Families* or call the IRS Healthcare Hotline for ACA questions (1-800-919-0452).

Part I. Employee

Lines 1-6. Part I, lines 1-6, reports information about you, the employee.

Line 2. This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.



If you do not provide your SSN and the SSNs of all covered individuals to the plan administrator, the IRS may not be able to match the Form 1095-C to determine that you and the other covered individuals have complied with the individual shared responsibility provision. For covered individuals other than the employee listed in Part I, a Taxpayer Identification Number (TIN) may be provided instead of an SSN. See Part III.

Part I. Applicable Large Employer Member (Employer)

Lines 7-13. Part I, lines 7-13, reports information about your employer.

Line 10. This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

Part II. Employer Offer of Coverage, Lir

Line 14. The codes listed below for line 14 describe the and your spouse and dependent(s), if any. (If you receiv multiemployer plan due to your membership in a union, information on line 14 relates to eligibility for coverage s your spouse, and dependent(s). For more information a **1A.** Minimum essential coverage providing minimum va contribution for self-only coverage equal to or less than single federal poverty line and minimum essential cover (referred to here as a Qualifying Offer). This code may b Qualifying Offer was made, even if you did not receive a calendar year. For information on the adjustment of the **1B.** Minimum essential coverage providing minimum va coverage NOT offered to your spouse or dependent(s).

1C. Minimum essential coverage providing minimum vacoverage offered to your dependent(s) but NOT your sp
1D. Minimum essential coverage providing minimum vacoverage offered to your spouse but NOT your dependent
1E. Minimum essential coverage providing minimum vacoverage offered to your dependent(s) and spouse.

1F. Minimum essential coverage NOT providing minimu or dependent(s), or you, your spouse, and dependent(s) **1G.** You were NOT a full-time employee for any month insured employer-sponsored coverage for one or more entered in the *All 12 Months* box or in the separate more line 14.

1H. No offer of coverage (you were NOT offered any he is NOT minimum essential coverage).

11. Reserved.

1J. Minimum essential coverage providing minimum va conditionally offered to your spouse; and minimum ess dependent(s).

1K. Minimum essential coverage providing minimum va conditionally offered to your spouse; and minimum esse

Line 15. This line reports the employee required contrib lowest-cost self-only minimum essential coverage prov you. The amount reported on line 15 may not be the an chose to enroll in more expensive coverage such as far if code 1B, 1C, 1D, 1E, 1J, or 1K is entered on line 14. I to you for the coverage, this line will report a "0.00" for how your eligibility for other healthcare arrangements m IRS.gov.

Line 16. This code provides the IRS information to adm provisions. Other than a code 2C which reflects your er this information affects your eligibility for the premium t employer shared responsibility provisions, see IRS.gov.

Part III. Covered Individuals, Lines 17-2

Part III reports the name, SSN (or TIN for covered indivi and coverage information about each individual (includi employee, and any employee's family members) covere is "self-insured." A date of birth will be entered in colum individuals other than the employee listed in Part I) is no checked if the individual was covered for at least one d who were covered for some but not all months, informa months for which these individuals were covered. If the additional covered individuals on Part III, Continuation 3