Form **1095-C**Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

VOID
CORRECTED

600120 OMB No. 1545-2251 **2023**

▶ Do not attach to your tax return. Keep for your records.

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

February 27, 2024

Sierra Partners Consulting, LLC 925 North Point Pkwy 140 Alpharetta, GA 30005

PART I Employee						Applicable Large Employer Member (Employer)						
1 Name of Employee (first name, middle initial, last name) 2 Social				Social security number (SSN)	7 Name of employer	8 Employer identification number (EIN)						
MD	S	Zaman		*	**-**-1258	Sierra Partners Consulting	nsulting, LLC		81-1248977			
3 Street Address (including apartment no)						9 Street address (including room or suit	10 Contact telephone number					
8905 202nd Street						925 North Point Pkwy 140	770-670-4322					
4 City or town 5 State of		5 State or province	6 Country and Zip or foreign postal code		11 City or town		12 State or province	13 Country and ZIP or foreign postal code				
Jamaica NY 1		11423		Alpharetta		GA	30005					

PART II Employee Offer and Coverage					Employee's Age on January 1: 39				Plan Start Month(enter 2-digit number): 11				
14 Offer of Coverage (enter required code)	All 12 Months	January	February	March	April	May	June	July	August	September	October	November	December
		1H	1H	1H	1H	1H	1H	1H	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$347.68	\$347.68	\$ 347.68	\$ 347.68	\$ 347.68
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2D	2D	2D	2D	2F	2F	2F	2F	2F
17 ZIP Code													

MD Shahnewaz Zaman 8905 202nd Street Jamaica, NY 11423

PART III Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each covered individual enrolled in coverage, including the employee. (e) Months of Coverage (a) Name of covered individual(s) First name, middle initial, last name (c) DOB (if SSN or other (d) Covered (b) SSN or other TIN Sep Oct Nov Dec June TIN is not available) 19 20 21 22 23 26 27 28 29

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

Cat. No. 60705M

Form **1095-C** (2023)

