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

Employer-Provided Health Insurance Offer and Coverage

VOID
CORRECTED

600120 OMB No. 1545-2251 **2024**

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

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

January 10, 2025

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)			e)	2 Social security number (SSN)	7 Name of employer		8 Employer identification number (EIN)			
MD	S	Zaman		***-**-1258	Sierra Partners Consulting, LLC	81-1248977				
3 Street Address (including apartment no)					9 Street address (including room or suite no.)	10 Contact telephone number				
8905 202nd Street					925 North Point Pkwy 140	770-670-4322				
4 City or town			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			
Hollis			New York		Alpharetta	GA	30005			

PART II Employee Offer and Coverage				Employee's Age on January 1: 40				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
		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$ 373.77	\$ 373.77	\$ 373.77	\$ 373.77	\$ 373.77	\$373.77	\$373.77	\$373.77	\$373.77	\$373.77	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2F	2F	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A
17 ZIP Code													

MD Shahnewaz Zaman 8905 202nd Street Hollis, New York

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 June Sep Oct Nov Dec all 12 months 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** (2024)

