Department of the Treasur Internal Revenue Service	11	09	5	-C
	Departr	nent of	the	Treasur

Employer-Provided Health Insurance Offer and Coverage

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

•	Go to wu	vw.lrs.gov/f	orm10080	for Instruc	tions and the	latest information

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OMB No. 1545-2251

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Department or the Treasury Internal Revenue Service			► Go to www.lrs	s.gov/Form1	098C for Instruction	and the lat	est information.				120	LUI		
Part Employe	•е				2 Social security number (SSN) ***-**-3517 Applicable Large Employer Member (Employer					byer) 0 Employer identification number (Ell 16-0579500				
Name of employee (first		ial, last name)					of employer	DMANCE C	HUMICAL	C TNC				
ROBERT L CO		PERS PERFO		HEMILCAL	a, inc	- 1	IA Contact telephone o	umbar						
The state of the s							9 Street address (including room or suite no.) 10 Contact telephone number 1 0 1 6 EVEREE INN ROAD 4 1 2 - 2 2 7 - 2 5 4 2							
4547 SCARLE					1016 EVEREE INN ROAD			1				All the later of t		
City or town		6 State or province SC	,	6 Country at 29732	G Godini, and an or in Greek			12 State or pro	or province 13 Country and ZIP or foreign postal cod					
ROCK HILL		The state of the s		and the street and the first		-			- Maria . Maria					
Part II Employ	ee Offer of Co	verage		Employ	Employee's Age on January 1 29			Plan Start	Month (enter 2-digit	number) ()	l			
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oot	Nov	Dec	
14 Offer of Coverage		4.11	4.11	1.0	111	1.6	1A	1.6	14	1н	111	111	1.0	
(enter required code)		111	111	111	- 111	17	17	17	17		1.11			
			1											
15 Employee Required			1											
Contribution (see instructions)	\$	\$	\$	6	\$ \$		\$	\$	\$	\$	\$	1	\$	
16 Section 4980H Safe Harbor and Other			1 1											
Relief (enter code, if applicable)		2A	2A	2A	2D	2G	2G	20	2G	2A	2A	2.6	2.6	
			1 1											
		1												
17 ZIP Code						Cat No.	60705M	1				Form 10	95-C (2021)	
For Privacy Act and	Paperwork Redu	ction Act Notice, s	ice separate instruc	tions.		Cat No	GU/USM					, 5,111 / 9		

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Separtment of the Treat recrus. Revenue Service			► Go to www.ii	rs.gov/Form	1095C for instruction	ons and the la	d the latest information. Applicable Large Employer Member (Employer Member)			loyer)					
Part Emplo	nyee			2 So	cial security number (S * * - * * - 5 7 0 1	App							8 Employer identification number (EIN) 37–1417265		
teme of employee (fi RIENNE S C		nitiai. last name)					ofemployer TMOBILIT	Y SERVICE	S LLC						
Street address (including apartment no.) 4547 SCARLET OAK DRIVE							9 Street address (including room or suite no.) PO BOX 460650						10 Contact telephone number 877-722-0020		
Style or town S State or province SC SC					6 Country and ZIP or foreign postal code 29732-0000 ST. LOUIS			12 State or province 13 Country and ZIP or for 63146			reign postal code				
Part II Employee Offer of Coverage				Employ	Employee's Age on January 1				Plan Start Month (enter 2-digit number): 01						
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct		Nov	Dec	
Offer of Coverage iter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E		1E	1E	
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386 E. Black St.

P. O. Drawer 10072

Rock Hill, South Carolina 29731

Rock Hill Schools Federal Tax ID# 57-6000842

January 31,2022

Student Name: (Imain)

During the period of January 1, 2021 through December 31, 2021 \$_

was

received as payment for the Rock Hill Schools Challenger Program.

Thank you for participating in the program. Rock Hill Schools looks forward to continuing to work with you and your child.

If you have any questions, please feel free to contact me.

Jamie Ledsinger

Director of Federal Programs

Rock Hill Schools

Rock Hill Schools Federal Tax ID# 57-6000842



386 E. Black St.

P. O. Drawer 10072

Rock Hill, South Carolina 29731

Rock Hill Schools Federal Tax ID# 57-6000842

January 31,2022

Student Name: LOUTEN COUNTY

During the period of January 1, 2021 through December 31, 2021 \$ _______ was received as payment for the Rock Hill Schools Challenger Program.

Thank you for participating in the program. Rock Hill Schools looks forward to continuing to work with you and your child.

If you have any questions, please feel free to contact me.

Jamie Ledsinger

Director of Federal Programs

Rock Hill Schools

Rock Hill Schools Federal Tax ID# 57-6000842