

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. 1545-0047

600120

2021

8 Employer identification number (EIN)

16-0579500

Part I Employee

2 Social security number (SSN)

***-**-3517

Applicable Large Employer Member (Employer)

1 Name of employee (first name, middle initial, last name)

ROBERT L. COOK

7 Name of employer

KOPPERS PERFORMANCE CHEMICALS, INC

3 Street address (including apartment no.)

4547 SCARLET OAK DRIVE

9 Street address (including room or suite no.)

1016 EVEREE INN ROAD

10 Contact telephone number

412-227-2542

4 City or town

ROCK HILL

5 State or province

SC

6 Country and ZIP or foreign postal code

29732

11 City or town

GRIFFIN

12 State or province

GA

13 Country and ZIP or foreign postal code

30224

Part II Employee Offer of Coverage

Employee's Age on January 1 29

Plan Start Month (enter 2-digit number) 01

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)		1H	1H	1H	1H	1A	1A	1A	1A	1H	1H	1H	1H
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2A	2A	2A	2D	2G	2G	2G	2G	2A	2A	2A	2A
17 ZIP Code													

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

Cat No 60705M

Form 1095-C (2021)

Employer-Provided Health Insurance Offer and Coverage

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☐ VOID
☐ CORRECTED

OMB No. 1545-2251 600120

2021

Part I Employee

2 Social security number (SSN)
***-**-5701

Applicable Large Employer Member (Employer)

8 Employer identification number (EIN)
37-1417265

1 Name of employee (first name, middle initial, last name)

KIENNE S COOK

7 Name of employer

AT&T MOBILITY SERVICES LLC

3 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

4 City or town

ROCK HILL

5 State or province

SC

6 Country and ZIP or foreign postal code

29732-0000

11 City or town

ST. LOUIS

12 State or province

MO

13 Country and ZIP or foreign postal code

63146

Part II Employee Offer of Coverage

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
14 Offer of Coverage (enter required code)		1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E	1E
15 Employee Required Contribution (see instructions)	\$	\$ 94.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2H	2H	2H	2H	2H	2H	2H	2H	2H	2H	2H	2H
17 ZIP Code													



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: *Cameron Cook*

During the period of **January 1, 2021** through **December 31, 2021** \$ *605⁰⁰* 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: *Lauren Cook*

During the period of **January 1, 2021** through **December 31, 2021** \$ *605⁰⁰* 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

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