## Department of the Treasury Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage
Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

VOID

600120 OMB No. 1545-2251

CORRECTED

	OIVID 140. 1373-2231
CORRECTED	2021

Part I	Employee										Applicable Large Employer Member (Employer)													
1 Name of employee (first	yee (first name, middle initial, last name)  2 Social security number (SSN)										7 Name	of employ	er	8 Employer Identification Number (EIN)										
Stephen	Boerner						159-68	3-7195		Payit LLC								46-41	46-4175673					
3 Street address (including apartment no.)								9 Street a	address (i	including roc	<b>10</b> Co	10 Contact Telephone Number												
424 N New St										1812 Bro	adway Bl	vd						816-3	43-8095					
4 City or town	5 State or province						6 Country and ZIP or foreign postal code				11 City o	r town			12 State	or provinc	се		13 Co	13 Country and ZIP or foreign postal code				
Bethlehem	PA						18018				Kansas (				64108									
Part II Emplo	yee Of	fer	and Cov	era	age						Empl Janu		's Age	on			Plan	Star	t Mo	nth:			01	
	All 12 Mo		nths Jan		Feb	Mar	Apr		May	[	Jui	ne	July		Aug	s	ept	Oct			Nov		Dec	
14 Offer of Coverage (enter required code)			1H	1H		1H		1H		1			1									1		
15 Employee Required Contribution (see instructions)																								
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 17 ZIP Code		2A		2A	A 2A			2D	2C		2C		2C	20	2C			2C		2C	2C		2C	
Part III	Covere	ed I	ndividua	ls I	f Employer	r Provide	ed sel	I If-insured cove	rage							<u> </u>								
	check th	ne bo	ox and ente	r the	e informatio	on for ea	ich co	overed individu	al _															
(a) Name of covered individual(s)				<b>(b)</b> SSN		(c) DOB (if SSN is not available)		(d) Covered all 12 months		(e) Months of Coverage														
First name, middle initial, last name									Jan	Feb	Mar	Apr	May	June	Jul	у	Aug	Sept	Oct	Nov	De			
18																		] [						
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **1095-C** (2021)

82183 200 \*\*1095. C\*\* Stephen Boerner 424 N New St Bethlehem, PA 18018

Payit LLC 1812 Broadway Blvd Kansas City, MO 64108