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

☐ VOID ☐ CORRECTED

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.

OMB No. 1545-2251

2020

Part I **Applicable Large Employer Member (Employer) (Lines 7-13)**

Employer's name, address, and ZIP code

SUPER MICRO COMPUTER, INC.
980 ROCK AVE.
SAN JOSE CA 95131

Contact telephone number: (408) 368-0269

Employer identification number (EIN): 77-0353939

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

Employee (Lines 1-6)

Social security number (SSN): XXX-XX-2783

Employee's first name and middle initial **Last name** **Suff.**

WAN-YI LEE
200 E DANA STREET, APT B38
MOUNTAIN VIEW CA 94041

Employee's address and ZIP code

Part II **Employee Offer of Coverage** **Employee 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)	1A												
15 Employee Required Contribution (see instructions)	$	$	$	$	$	$	$	$	$	$	$	$	$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
17 ZIP Code													

Part III **Covered Individuals** If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☐

	(a) Name of covered individual(s) First name, middle initial, last name	**(b)** SSN or other TIN	**(c)** DOB (if SSN or other TIN is not available)	**(d)** Covered all 12 months	**(e)** Months of Coverage Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
18																
19																
20																
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																
31																
32																
33																
34																
35																