

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

Part I Employee

1 Name of employee (first name, middle initial, last name) RAJULANABEL NESAMONY SAMUELRAJ		2 Social security number (SSN) XXX-XX-9715	7 Name of employer APPLE, INC.		8 Employer identification number (EIN) 94-2404110
3 Street address (including apartment no.) 2560 ADMIRAL CIRCLE EDEN SHORES		9 Street address (including room or suite no.) ONE APPLE PARK WAY		10 Contact telephone number 1-800-473-7411	
4 City or town HAYWARD	5 State or province CA	6 Country and ZIP or foreign postal code US 94545	11 City or town CUPERTINO	12 State or province CA	13 Country and ZIP or foreign postal code US 95014

Part II Employee Offer of Coverage

14 Offer of Coverage (enter required code)	All 12 Months	Employee's Age on January 1:														
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
1E																
15 Employee Required Contribution (see instructions)	\$ 62.62	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C															
17 ZIP Code																

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form 1095-C (2023)

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	
RAJULANABEL NESAMONY SAMUELRAJ	XXX-XX-9715		X													
SHEKINAH GODWIN GODWIN AJITH KUMAR		02-15-2003	X													



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FIRST-CLASS MAIL
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APPLE, INC.
ONE APPLE PARK WAY
CUPERTINO, CA 95014

005071845
FORWARDING SERVICE REQUESTED

FIRST-CLASS MAIL
Important Tax Document Enclosed

0003-000291814 8/1/377
*****AUTO**SCH 5-DIGIT 94540
RAJULANABEL NESAMONY SAMUELRAJ
2560 ADMIRAL CIR
HAYWARD, CA 94545-3443

