

Employer-Provided Health Insurance Offer and Coverage  
Do not attach to your tax return. Keep for your records.

Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

VOID  
 CORRECTED

OMB No. 1545-0047

600120

2024

**Part I** Employee

1 Name of employee (first name, middle initial, last name) REGINA T SEARS		2 Social security number (SSN) XXX-XX-3601		7 Name of employer CARROLL HEAT SOLUTIONS CORP				8 Employee identification number (EIN) 75-1449430			
3 Street address (including apartment no.) 100 RIVERBEND DRIVE APT NO FB				9 Street address (including room or suite no.) 15407 MCGUFFY ROAD WEST, MS 85				10 Contact telephone number 1-800-495-9006			
4 City or town COLUMBIA		5 State or province SC		6 Country and ZIP or foreign postal code US 29169		11 City or town MAYZATA		12 State or province HI		13 Country and ZIP or foreign postal code US 55191	

**Part II** Employee Offer of Coverage

Employee's Age on January 1:

Plan Start Month (enter 2-digit number): 01

14 Offer of Coverage (enter required code)	All 12 Months											
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15 Employee Required Contribution (see instructions)	\$ 84.33	\$ 84.33	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Date Harbor and Other Relief (enter code, if applicable)	2G	2G	2A	2A	2A	2A	2A	2A	2A	2A	2A	2A
17 ZIP Code												

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

Cat. No. 60705M

Form 1095-C (2024)

**Part III** Covered Individuals

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

	(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	
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