600120

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.

OMB No. 1545-2251

2020

Part I Employee

1 Name of employee (first name, middle initial, last name)		2 Social security number (SSN)
KARTHIKEYA VAYUPUTRA	CHITTULURI	****-**-0941
3 Street address (including apartment no.)		
3500 CURITIBA CT		
4 City or town	**5** State or province	**6** Country and ZIP or foreign postal code
ALPHARETTA	GA	30022-1454

Applicable Large Employer Member (Employer)

7 Name of employer		8 Employer identification number (EIN)
TOTAL SYSTEM SERVICES LLC		58-1493818
9 Street address (including room or suite no.)		**10** Contact telephone number
1 TSYS WAY		(706) 641-3959
11 City or town	**12** State or province	**13** Country and ZIP or foreign postal code
COLUMBUS	GA	31901

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)		1K	1K	1K	1K	1K	1K	1K	1K	1K	1K	1K	1K
15 Employee Required Contribution (see instructions)	$	$ 50.00	$ 50.00	$ 50.00	$ 50.00	$ 50.00	$ 50.00	$ 50.00	$ 50.00	$ 50.00	$ 50.00	$ 50.00	$ 50.00
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C
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. [X]

	(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	Karthikeya Vayuput		Chittuluri	****-**-0941		[ ]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]
19						[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
20						[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
21						[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
22						[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
23						[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

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

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