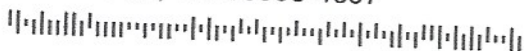




Department of the Treasury  
Internal Revenue Service  
Austin, TX 73301-1501

Date:  
December 20, 2021  
Contact number:  
800-908-4184

179656-TL-12/T444 P1/0259795  
R RAVISHANKAR  
906 PARKAIRE XING  
MARIETTA, GA 30068-4697



2021 Total Advance Child Tax Credit (AdvCTC) Payments	
Keep this important tax information. You need it to prepare your 2021 income tax return.	
<b>Box 1. Aggregate amount of AdvCTC payments you received for 2021.</b> Enter this amount on Schedule 8812, line 14f or line 15e, whichever applies. If you file a joint return for tax year 2021, you must add the amounts in Box 1 from both Letters 6419 and enter the total amount on Schedule 8812.	\$900.00
<b>Box 2. Number of qualifying children taken into account in determining the AdvCTC.</b> See Schedule 8812 instructions if you complete Part III, Additional Tax.	1

**Why you received this letter**

Under the American Rescue Plan, the IRS made monthly AdvCTC payments of up to half of your 2021 Child Tax Credit from July through December to help support families raising children.

- If you're eligible for the credit, **file Schedule 8812 with your 2021 income tax return to claim your remaining credit** (for a total amount of up to \$3,600 per child under age 6 and \$3,000 per child age 6 through 17).
- If you aren't eligible for the credit, file Schedule 8812 to determine if you must pay back some or all the monthly payments you received in 2021 and if you qualify for **repayment protection** (discussed below).

**How the IRS determined your payment amounts**

Monthly payment amounts were initially based on information from an income tax return you filed or information you entered in the *IRS non-filer sign-up* tool in 2020 or 2021. Your monthly payment amount or how or where the IRS paid your payment may have changed based on information you provided the IRS through your 2020 income tax return if the IRS processed it after June, the Child Tax Credit Update Portal, or the dedicated IRS Child Tax Credit phone line. Review each monthly payment, including any changes, at [IRS.gov/ctcportal](https://www.irs.gov/ctcportal), and click "Manage Advance Payments." If you did not receive one or more payments, contact the IRS at 800-908-4184 before filing your return.

**Repayment protection**

You may not have to repay in full any AdvCTC payments that took into account more qualifying children (Box 2 above) than you claim on your 2021 income tax return (Schedule 8812). The repayment protection is based on your 2021 modified adjusted gross income (MAGI). You will not have to repay any AdvCTC payments for non-qualifying children if your 2021 MAGI is under:

- **\$60,000** if you are married and filing a joint return or if filing as a qualifying widow or widower.
- **\$50,000** if you are filing as head of household.
- **\$40,000** if you are a single filer or are married and filing a separate return.

**For more information**

- For more information about completing Schedule 8812, visit [IRS.gov/Schedule8812](https://www.irs.gov/Schedule8812).
- For more information about the 2021 Child Tax Credit, visit [IRS.gov/advctc](https://www.irs.gov/advctc). This page also includes a link to frequently asked questions and answers about the advance Child Tax Credit payments.



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Internal Revenue Service  
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December 20, 2021  
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179656-TL-12/T444 P1/0259796  
M SAIRAMAN  
906 PARKAIRE XING  
MARIETTA, GA 30068-4697



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\*AA5PNA95CPP0000013540A428A593\*

019599 RO9MP101 AA5 8888 77BB4 00009869  
 RAJSHANKAR RAVISHANKAR  
 906 PARKAIRE XING  
 MARIETTA, GA 30068

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

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.

VOID  
 CORRECTED

OMB No. 1545-2251  
**2021**

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

<b>Part I Employee</b>		<b>Applicable Large Employer Member (Employer)</b>	
1 Name of employee (first name, middle initial, last name) <b>RAJSHANKAR RAVISHANKAR</b>	2 Social security number (SSN) <b>XXX-XX-2271</b>	7 Name of employer <b>CAPGEMINI AMERICA INC</b>	8 Employer identification number (EIN) <b>22-2575929</b>
3 Street address (including apartment no.) <b>906 PARKAIRE XING</b>		9 Street address (including room or suite no.) <b>333 WEST WACKER D ST 300</b>	
4 City or town <b>MARIETTA</b>	5 State or province <b>GA</b>	11 City or town <b>CHICAGO</b>	12 State or province <b>IL</b>
6 Country and ZIP or foreign postal code <b>USA 30068</b>		13 Country and ZIP or foreign postal code <b>USA 60606</b>	

14 Offer of Coverage (enter required code)	Employee's Age on January 1												Plan Start Month (enter 2-digit number): <b>01</b>			
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec			
15 Employee Required Contribution (see instructions) \$ <b>42.04</b>																
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) <b>2C</b>																

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	<b>RAJSHANKAR RAVISHANKAR</b>	<b>XXX-XX-2271</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<b>AADVIK RAJ SHANKAR</b>		<b>02/14/2018</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<b>ATHULITH RAJ SHANKAR</b>		<b>03/28/2014</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<b>MAHANEeya SAIRAMAN</b>		<b>10/07/1988</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>