Department of the Treasury Internal Revenue Service
Part I Employee 1095-C

## Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

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1545-2251

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					Praveen	(a) Name o First name, I		17 ZIP Code	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	15 Employee Required Contribution (see instructions)	14 Offer of Coverage (enter required code)			SOMERSET	4 City or town	ARI DR APT A	AVEEN	ame of employee	Employee	78
						(a) Name of covered individual(s) First name, middle initial, last name	Covered Individuals If Employer provided se	1				All 12 Months	<b>Employee Offer</b>	j.		A apart	(iirst name,	Hired	ОУее	6
					Puvvula	dividual(s) , last name	Covered Individuals  If Employer provided self-insured coverage, check the box and enter the information for each individuals	1 1 1	2C	\$ 80.67 \$	1Ē	Jan	er of Coverage	7	5 State or province	ment no.)	PRAVEEN   PUVVULA			
					**	(b) SSN o	ed coverage	:	2C	\$ 80.67 \$	1Ē	Feb	ge	Ŋ	Φ		name)			Go to www
					****-4320	(b) SSN or other IIN	e, check the		2C	\$ 80.67 \$	1E	Mar			6 Country		2 Social		San Standard	V.irs. GOV/For
						TIN is not available) all 12 months	box and ente	:	2C	80.67	Ê	Apr	Employee's Age on January 1	08873-4522	6 Country and ZIP or forcion		2 Social security number (SSN)  ****-**-4320		general mode for instructions and the latest information.	/Form1005C to it.
						ble) all 12 mont	er the informa	1 1	2C	\$ 80.67	î ,	May	Age on Ja		+			1	structions and	turn. Keep for
					×	Jan	ition for eac	1	2C	\$ 80.67	îĒ	June	nuary 1	JACKSONVILLE	4/ 7/4/	9 Street address (includ	7 Name of employer FIS MANAGEMENT SERVICES, LLC	Ap	the latest Ir	your record
					X	Feb Mar		5 3 5	20	\$ 80.67 \$	Ê	July		/ILLE		sincluding rox	GEMENT S	Applicable Large Employer Melliber (Employer)	Mormanon	s, formation
					×	Ąpr	idual enrolled in coverage, including the employee.		2C		1E	Aug	Plan		12 State	ing room or suite no.) AVENUE	SERVICE	arge Er		
					×	May	in cover	1	(,	80.67 \$		g	Start N	П	12 State or province	10.)	S, LLC	npioye	2	
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$\Box$					×	Sept Oct	loyee.	1	2C		1E	Nov	Plan Start Month (enter 2-digit number): 01	32	13 Country and ZIP or foreign postal code	10 Contact telephone number (484) 582-5581	43-20	yor identifi	۲	<b>BB</b>
					×	Nov	×	1		80.67 \$		-	3	32202	r foreign po	x telephone number (484) 582-5581	43-2054614	cation nu		
					$\boxtimes$	Dec		1	2C	80.67	î î	Dec	,		etal code			8 Employer identification number (EIN)		