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SHARED TECHNOLOGY SERVIC E GROUP
695 ATLANTIC AVE
BOSTON, MA 02111



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032073 RO9COU01 YYA 0055 76363 000000194
RAM CHANDRA R PATLOLLA
1201 DENNIS COURT
BRIDGEWATER TOWNSHIP, NJ 08807

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

600120

VOID
CORRECTED

OMB No. 1545-2251

2021

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.

Part I Employee Applicable Large Employer Member (Employer)

Form fields for Part I: Employee and Employer information including Name of employee, Social security number, Name of employer, Street address, City or town, State or province, Country and ZIP or foreign postal code, Employer identification number, Contact telephone number, and Plan start month.

Part II Employee Offer of Coverage Employee's Age on January 1 Plan Start Month (enter 2-digit number): 01

Table for Part II: Employee Offer of Coverage. Columns include months from All 12 Months to Dec. Rows include Offer of Coverage (1E), Employee Required Contribution (\$52.06), and Section 4980H Safe Harbor and Other Relief (2C).

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]

Table for Part III: Covered Individuals. Columns include Name of covered individual, SSN or other TIN, DOB, Covered all 12 months, and Months of Coverage (Jan-Dec). Rows include RAM CHANDRA R PATLOLL, ATHARV S PATLOLLA, and SHRAVYA RAGI.

S 032073 RO9COU01 032073 E

CORRECTED (if checked)

TRUSTEE'S/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number

HSA Bank, a division of Webster Bank, N.A.
605 N 8th Street, STE 320
Sheboygan WI 53081

OMB No. 1545-1517

Form **1099-SA**

(Rev. November 2019)

For calendar year
20 21

**Distributions
From an HSA,
Archer MSA, or
Medicare Advantage
MSA**

PAYER'S TIN

06-0273620

RECIPIENT'S TIN

xxx-xx-4323

1 Gross distribution

\$ 3,879.39

2 Earnings on excess cont.

\$ 0.00

RECIPIENT'S name

RAM CHANDRA PATLOLLA

3 Distribution code

1

4 FMV on date of death

\$ 0.00

Street address (including apt. no.)

1201 DENNIS COURT

City or town, state or province, country, and ZIP or foreign postal code

BRIDGEWATER TOWNSHIP NJ 08807

- 5 HSA
- Archer MSA
- MA MSA

Account number (see instructions)

67336275

**Copy B
For
Recipient**

This information
is being furnished
to the IRS.

Form **1099-SA** (Rev. 11-2019)

(keep for your records)

www.irs.gov/Form1099SA

Department of the Treasury - Internal Revenue Service

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131943 0 0113 6846 27387 2/2 BIN:0

RECIPIENT'S/LENDER'S name, address, and telephone no.
Dovenmuehle Mortgage, Inc., Servicer for
Cardinal Financial Company, Limited Partnership
1 Corporate Drive, Suite 360
Lake Zurich, IL 60047-8945
1-877-604-7294

*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB No. 1545-1380
2021
Form **1098**

CORRECTED (if checked)
Mortgage Interest Statement

RECIPIENT'S/LENDER'S TIN 36-2435132	PAYER'S/BORROWER'S TIN ***-**-4323
PAYER'S/BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code RAM CHANDRA REDDY PATLOLLA 1201 DENNIS CT BRIDGEWATER NJ 08807-5506	
9 Number of properties securing the mortgage 10 Other PROPERTY TAXES 2,043.08 PRINCIPAL PAID 5,186.99 ENDING PRINCIPAL BAL 455,231.01	74550
Account number (see instructions) 1484827694	11 Mortgage acquisition date

1 Mortgage interest received from payer(s)/borrower(s)* \$ 6,043.67	3 Mortgage origination date 06/21/2021
2 Outstanding mortgage principal \$ 460,418.00	5 Mortgage insurance premiums \$ 9,504.80
4 Refund of overpaid interest \$.00	6 Points paid on purchase of principal residence \$ 557.67
7 If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked. <input type="checkbox"/> or the address or description is entered in box 8.	
8 Address or description of property securing mortgage 1201 DENNIS CT BRIDGEWATER NJ 08807	

Copy B For Payer/Borrower

The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.

Form **1098** (Keep for your records) www.irs.gov/Form1098 Department of the Treasury - Internal Revenue Service

This information is provided for your use in preparing your 2021 tax returns. You are responsible for providing us with your correct SSN/TIN. Please contact our Customer Service Department at the above phone number if this number is wrong. Please review the reverse side for important Internal Revenue Service information.

Loan Number: 1484827694 ANNUAL FHA PREPAYMENT DISCLOSURE NOTICE FHA Case Number: 353-015882

This notice is to advise you of requirements that must be followed to prepay your mortgage.

The amount reflected below is the amount outstanding on the loan for prepayment of the indebtedness due under your mortgage. This amount is good through 01/02/22. (The amount provided is subject to further accounting adjustments. Also, any corporate advances made by us or payments received from you before the stated expiration date on this notice will change your prepayment amount.)

[The amount below reflects the amount outstanding under the mortgage, including principal, interest, penalties, late charges, advances, any other charges related to the loan, and any foreclosure or bankruptcy expenses incurred to date under the mortgage.]

PAYMENT AMOUNT \$455,959.61

You may prepay your mortgage at any time without penalty. You will only be required to pay interest up to the date the prepayment is made.

If you have any questions regarding this notice, please contact our Customer Service Department at 1-877-604-7294.

* * THIS DISCLOSURE IS BEING PROVIDED IN COMPLIANCE WITH SECTION 329 OF THE CRANSTON/GONZALES AFFORDABLE HOUSING ACT. THIS NOTICE IS FOR INFORMATION ONLY; YOU DO NOT NEED TO RESPOND. * *

PROCESS DATE	TRANSACTION DESCRIPTION	DUE DATE	TOTAL AMOUNT	PRINCIPAL AMOUNT	INTEREST AMOUNT	ESCROW AMOUNT	OTHER
06/23 142	LOAN SETUP	08/21		\$460,418.00-			
06/23 143	ADJUSTMENT	08/21			\$315.40		
06/23 170	INITIAL ESCR/INTER. DEPO	08/21	\$760.67			\$760.67	
07/19 173	PAYMENT	08/21	\$2,897.09	\$860.01	\$959.20	\$1,077.88	
08/03 310	MIP/PMI MORTGAGE INSURAN	07/22	\$317.21-			\$317.21-	
08/27 173	PAYMENT	09/21	\$2,897.09	\$861.80	\$957.41	\$1,077.88	
09/02 310	MIP/PMI MORTGAGE INSURAN	07/22	\$317.21-			\$317.21-	
09/24 173	PAYMENT	10/21	\$2,897.09	\$863.59	\$955.62	\$1,077.88	
10/05 310	MIP/PMI MORTGAGE INSURAN	07/22	\$317.21-			\$317.21-	
10/25 173	PAYMENT	11/21	\$2,897.09	\$865.39	\$953.82	\$1,077.88	

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