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



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

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

Form 1095-C (2021)

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

P00750 VOID OMB No. 1545-2251 Form 1095-C Employer-Provided Health Insurance Offer and Coverage ▶ Do not attach to your tax return. Keep for your records. CORRECTED 20**21** Department of the Treasury ► Go to www.irs.gov/Form1095C for instructions and the latest information. Internal Revenue Service Applicable Large Employer Member (Employer) Part I Employee 8 Employer identification number (EIN) 7 Name of employer 2 Social security number (SSN) 1 Name of employee (first name, middle initial, last name) SHARED TECHNOLOGY SERVIC E GROUP 04-3297779 XXX-XX-4323 RAM CHANDRA R PATLOLLA 10 Contact telephone numbe 9 Street address (including room or suite no.) 3 Street address (including apartment no.) 617-951-1049 695 ATLANTIC AVE 1201 DENNIS COURT 13 Country and ZIP or foreign postal code 12 State or province 11 City or town 5 State or province 6 Country and ZIP or foreign postal code 4 City or town USA 02111 BOSTON MA USA 08807 BRIDGEWATER TOWNSHIP NJ Plan Start Month (enter 2-digit number): 01 Employee's Age on January 1 Part II Employee Offer of Coverage Dec Sept Oct Nov May June July Mar Apr All 12 Months Jan 14 Offer of required code) 1E 15 Employee Required Contribution (see 52.06\$ instructions) 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) **2C** 17 ZIP Code Part III Covered Individuals X If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. (e) Months of Coverage (c) DOB (if SSN or other (d) Covered (a) Name of covered individual(s) (b) SSN or other TIN Dec Nov Oct all 12 months July Aug Sept TIN is not available) Feb Mar Apr May June First name, middle initial, last name .lan X RAM CHANDRA R PATLOLL XXX-XX-4323 X ATHARY S PATLOLLA XXX-XX-1775 19 X XXX-XX-0743 SHRAVYA RAGI 20 21 22

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			OMB No. 1545-1517		Distributions	
HSA Bank, a division of Webster Bank, N.A. 605 N 8th Street, STE 320			Form 1099-SA (Rev. November 2019)		From an HSA, Archer MSA, or	
Sheboygan WI 53081			For calendar year 20 21	Medicare Advantage MSA		
PAYER'S TIN	RECIPIENT'S TIN	1 Gross distribution	2 Earnings on exces	s cont. Copy B		
06-0273620	xxx-xx-4323	\$ 3,879.39	\$	0.00	For	
RECIPIENT'S name		3 Distribution code	4 FMV on date of death		Recipient	
RAM CHANDRA PATLOLLA		2	25. 26.		and the second of the second o	
and the second		1	\$	0.00	11	
Street address (including apt. no.)		5 HSA			51 0 E	
1201 DENNIS COURT		Archer			This information	
City or town, state or province, country, and ZIP or foreign postal code BRIDGEWATER TOWNSHIP NJ 08807		MSA U MA MSA D			is being furnished to the IRS.	
Account number (see instructions)	67336275					
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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