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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 section for employee and employer information including name, SSN, address, and EIN.

Part II Employee Offer of Coverage Employee's Age on January 1 Plan Start Month

Table with 14 columns for months (All 12 Months to Dec) and 3 rows for coverage offer details (1E, 52.06\$, 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.

Table for covered individuals with columns for name, SSN, DOB, and months of coverage (Jan-Dec).

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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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