

WATTS REGULATOR COMPANY  
815 CHESTNUT ST  
NORTH ANDOVER, MA 01845



\*AFTPNA95CPE0000009608A414C422\*

017993 RO9MMF01 AFT 8888 6754C 000001214  
SATISH REDDY PATLOLLA  
6 DIAMOND ST  
APT 3  
LAWRENCE, MA 01843

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

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Form **1095-C** **Employer-Provided Health Insurance Offer and Coverage**  VOID  CORRECTED  
 Department of the Treasury Internal Revenue Service **2021**  
 ▶ Do not attach to your tax return. Keep for your records.  
 ▶ 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>SATISH REDDY PATLOLLA</b>		2 Social security number (SSN) <b>XXX-XX-4484</b>		7 Name of employer <b>WATTS REGULATOR COMPANY</b>		8 Employer identification number (EIN) <b>04-2108284</b>	
3 Street address (including apartment no.) <b>6 DIAMOND ST</b>				9 Street address (including room or suite no.) <b>815 CHESTNUT ST</b>		10 Contact telephone number <b>978-689-6191</b>	
4 City or town <b>LAWRENCE</b>		5 State or province <b>MA</b>		6 Country and ZIP or foreign postal code <b>USA 01843</b>		11 City or town <b>NORTH ANDOVER</b>	
						12 State or province <b>MA</b>	
						13 Country and ZIP or foreign postal code <b>USA 01845</b>	

<b>Part II Employee Offer of Coverage</b>		<b>Employee's Age on January 1</b>							<b>Plan Start Month (enter 2-digit number): 01</b>					
	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
14 Offer of Coverage (enter required code)	<b>1E</b>													
15 Employee Required Contribution (see instructions)	<b>\$ 162.00</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	<b>2C</b>													
17 ZIP Code														

<b>Part III Covered Individuals</b>		If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input checked="" type="checkbox"/>													
(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>SATISH REDDY PATLOLLA</b>	<b>XXX-XX-4484</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			<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"/>
20			<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"/>
21			<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"/>
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"/>