

Health Coverage

Department of the Treasury
Internal Revenue Service

VOID

▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095B for instructions and the latest information.

2022

Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name
GOWTHAM | KALAVA

2 Social security number (SSN) or other TIN
015-31-2566

3 Date of birth (if SSN or other TIN is not available)

4 Street address (including apartment no.)
7 TREEMAN DR 304

5 City or town
HILLSBOROUGH

6 State or province
NJ

7 Country and ZIP or foreign postal code
UNITED STATES 08844

8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ▶

Part II Information about Certain Employer-Sponsored Coverage (see instructions)

10 Employer name

11 Employer identification number (EIN)

12 Street address (including room or suite no.)

13 City or town

14 State or province

15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name
SATHRAM CORPORATION

17 Employer identification number (EIN)
27-1063581

18 Contact telephone number

19 Street address (including room or suite no.)
666 PLAINSBORO RD STE 1236

20 City or town
PLAINSBORO

21 State or province
NJ

22 Country and ZIP or foreign postal code
08536

Part IV Covered Individuals (Enter the information for each covered individual.)

(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	Jun	Jul	Aug	Sep	Oct	Nov	Dec							
23 GOWTHAM KALAVA	015-31-2566		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Cat. No. 60704B

Form **1095-B** (2022)