

PAMTEN INC.
2 RESEARCH WAY
PRINCETON, NJ 08540



RQYPNA95CPN0000015677A753B377

007706 RO9MW101 RQY 0581 B6546 000000053
SANTOSH K MUTYALA
1805 MORAVIAN WALK
CHESAPEAKE, VA 23323

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

600120

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.

VOID

OMB No. 1546-2281

CORRECTED

2023

| Part I Employee | | | | Applicable Large Employer Member (Employer) | | | | | | | | | |
|--|------------------|--|------------------|---|------------------|---|------------------|--|------------------|------------------|------------------|------------------|------------------|
| 1 Name of employee (first name, middle initial, last name) SANTOSH K MUTYALA | | 2 Social security number (SSN) XXX-XX-8166 | | 7 Name of employer PAMTEN INC. | | 8 Employer identification number (EIN) 47-0873327 | | | | | | | |
| 3 Street address (including apartment no.) 1805 MORAVIAN WALK | | | | 9 Street address (including room or suite no.) 2 RESEARCH WAY | | 10 Contact telephone number 609-643-4228 | | | | | | | |
| 4 City or town CHESAPEAKE | | 5 State or province VA | | 6 Country and ZIP or foreign postal code USA 23323 | | 11 City or town PRINCETON | | | | | | | |
| | | | | 12 State or province NJ | | 13 Country and ZIP or foreign postal code USA 08540 | | | | | | | |
| Part II Employee Offer of Coverage | | | | Employee's Age on January 1 | | | | Plan Start Month (enter 2-digit number): 06 | | | | | |
| | All 12 Months | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 14 Offer of Coverage (enter required code) 1E | | | | | | | | | | | | | |
| 15 Employee Required Contribution (see instructions) \$ | \$ 180.34 | \$ 173.51 | \$ 173.51 | \$ 173.51 | \$ 173.51 | \$ 173.51 | \$ 168.64 | \$ 168.64 | \$ 168.64 | \$ 168.64 | \$ 168.64 | \$ 168.64 | \$ 168.64 |
| 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) | 2C | 2H | 2H | 2H | 2H | 2H | 2H | 2H | 2H | 2H | 2H | 2H | 2H |
| 17 ZIP Code | | | | | | | | | | | | | |

| 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. <input 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 | | | <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"/> | | |
| 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"/> | | |
| 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"/> | | |
| 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"/> | | |
| 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"/> | | |

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