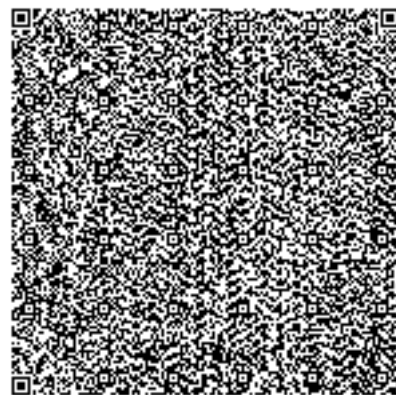


# 2022 Tax Information

## QR CODE WITH TAX DOCUMENT DATA

The Financial Data Exchange standards-setting organization defines the use of QR codes for US Tax data.

For more information about how this code can be used visit:  
<https://financialdataexchange.org/us-tax>



Form **1095-B**

# Health Coverage

Department of the Treasury  
Internal Revenue Service

**Do not attach to your tax return. Keep for your records.**  
Go to [www.irs.gov/Form1095B](http://www.irs.gov/Form1095B) for instructions and the latest information.

VOID

OMB No. 1545-2252

CORRECTED

# 2021

### Part I Responsible Individual

1 Name of responsible individual—First name, middle name, last name Kris Q Public		2 Social security number (SSN) or other TIN xxx-xx-1234	3 Date of birth (if SSN or other TIN is not available) 03/03/1995
4 Street address (including apartment no.) 1 Main St	5 City or town Melrose	6 State or province NY	7 Country and ZIP or foreign postal code 12121
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ▶ <input type="checkbox"/> B		9 Reserved	

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

10 Employer name Tax Form Issuer, Inc			11 Employer identification number (EIN) 12-3456789
12 Street address (including room or suite no.) 12021 Sunset Valley Dr	13 City or town Preston	14 State or province VA	15 Country and ZIP or foreign postal code 20191

### Part III Issuer or Other Coverage Provider (see instructions)

16 Name American People Health		17 Employer identification number (EIN) 99-0011223	18 Contact telephone number 888-555-1212
19 Street address (including room or suite no.) 1718-1/2 Oak Blvd	20 City or town Austin	21 State or province TX	22 Country and ZIP or foreign postal code 78735

### 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 Kris Q Public	xxx-xx-1234	03/13/1995	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24 Tracy R Public	xxx-xx-4321	04/13/1995	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
25			<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"/>
26			<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"/>
27			<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"/>
28			<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"/>