

CORRECTED (if checked)

ISSUER'S/PROVIDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>Tax Form Issuer, Inc</b> <b>12021 Sunset Valley Dr</b> <b>Suite 230</b> <b>Preston, VA 20191</b>		1 Amount of HCTC advance payments <b>\$ 3100.00</b>	OMB No. 1545-1813 Form <b>1099-H</b> (Rev. December 2020) For calendar year 20 <u>22</u>	<p align="center"><b>Health Coverage Tax Credit (HCTC) Advance Payments</b></p> <p align="center"><b>Copy B</b></p> <p align="center"><b>For Recipient</b></p> <p>This is important tax information and is being furnished to the IRS.</p>
ISSUER'S/PROVIDER'S TIN <b>12-3456789</b>		2 No. of mos. of HCTC advance payments and reimbursement credits paid to you <b>12</b>	RECIPIENT'S TIN <b>xxx-xx-1234</b>	
RECIPIENT'S name <b>Kris Q Public</b>		3 Jan. <b>\$ 100.00</b>	9 July <b>\$ 700.00</b>	
Street address (including apt. no.) <b>1 Main St</b>		4 Feb. <b>\$ 200.00</b>	10 Aug. <b>\$ 800.00</b>	
City or town, state or province, country, and ZIP or foreign postal code <b>Melrose, NY 12121</b>		5 Mar. <b>\$ 300.00</b>	11 Sept. <b>\$ 900.00</b>	
		6 Apr. <b>\$ 400.00</b>	12 Oct. <b>\$ 1000.00</b>	
		7 May <b>\$ 500.00</b>	13 Nov. <b>\$ 1100.00</b>	
		8 June <b>\$ 600.00</b>	14 Dec. <b>\$ 1200.00</b>	

Form **1099-H** (Rev. 12-2020) (keep for your records) [www.irs.gov/Form1099H](http://www.irs.gov/Form1099H) Department of the Treasury - Internal Revenue Service

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