

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

Form **1099-H** (Rev. 12-2020)

(keep for your records)

www.irs.gov/Form1099H

Department of the Treasury - Internal Revenue Service

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>

