	☐ CORRE	CTED (if c	hecked)				
ISSUER'S/PROVIDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Amount of payments \$	HCTC advance 3100.00	OMB No. 1545-181		Health Coverage	
Financial Intelligence Associates 12022 Sundown Valley Dr Suite 230 Reston, VA 20191		payments an	o. of mos. of HCTC advance ayments and reimbursement edits paid to you  12  (Rev. December 2020)  For calendar year  20 _22		Tax Credit (HCTC) Advance Payments		
ISSUER'S/PROVIDER'S TIN	RECIPIENT'S TIN	3 Jan.	<u>. –                                     </u>	9 July			
12-3456789	xxx-xx-1234	\$	100.00	\$	700.00		
RECIPIENT'S name		4 Feb.	5	<b>10</b> Aug.		Сору І	
Kris Q Public	N an	\$ 5 Mar. \$	200.00	11 Sept.	900.00	For Recipient This is important	
Street address (including apt. no.)		6 Apr.	300.00	12 Oct.	700.00	tax information	
1 Main St		\$	400.00	\$	1000.00	and is being furnished to the	
City or town, state or province, country, and ZIP or foreign postal code		7 May		<b>13</b> Nov.		IRS	
Melrose, NY 12121		\$	500.00	\$	1100.00		
		8 June		<b>14</b> Dec.			
		\$	600.00	\$	1200.00		

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

(keep for your records)

www.irs.gov/Form1099H

Department of the Treasury - Internal Revenue Service

