CORRECTED (if checked) 1 Amount of HCTC advance payments OMB No. 1545-1813 ISSUER'S/PROVIDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. **Health Coverage** 3100.00 Form 1099-H 2 No. of mos. of HCTC advance payments and reimbursement **Financial Intelligence Associates** Tax Credit (HCTC) (Rev. December 2020) 12022 Sundown Valley Dr For calendar year **Advance Payments** credits paid to you Suite 230 20 **23** Reston, VA 20191 ISSUER'S/PROVIDER'S TIN RECIPIENT'S TIN 3 Jan. 9 July 12-3456789 xxx-xx-1234 \$ 100.00 700.00 RECIPIENT'S name 4 Feb. **10** Aug. Copy B 200.00 \$ 800.00 For Recipient Kris Q Public 5 Mar. 11 Sept. This is important \$ 300.00 900.00 \$ tax information Street address (including apt. no.) 6 Apr. 12 Oct. and is being 1 Main St \$ 400.00 \$ 1000.00 furnished to the City or town, state or province, country, and ZIP or foreign postal code 7 May 13 Nov. IRS. Melrose, NY 12121 \$ 500.00 \$ 1100.00 8 June 14 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

Financial Intelligence Associates 12022 Sundown Valley Dr Suite 230 Reston, VA 20191

Kris Q Public 1 Main St Melrose, NY 12121

