

VOID CORRECTED

**Health Coverage
Tax Credit (HCTC)
Advance Payments**

| | | | |
|---|-----------------|---|---|
| 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 HCTC advance payments \$ | OMB No. 1545-1813 Form 1099-H (Rev. December 2020) For calendar year 20 ____ |
| | | 2 No. of mos. HCTC payments received | |
| ISSUER'S/PROVIDER'S TIN | RECIPIENT'S TIN | 3 Jan. \$ | 9 July \$ |
| RECIPIENT'S name | | 4 Feb. \$ | 10 Aug. \$ |
| | | 5 Mar. \$ | 11 Sept. \$ |
| Street address (including apt. no.) | | 6 Apr. \$ | 12 Oct. \$ |
| City or town, state or province, country, and ZIP or foreign postal code | | 7 May \$ | 13 Nov. \$ |
| | | 8 June \$ | 14 Dec. \$ |

**Copy A
For
Internal Revenue
Service Center**

For Privacy Act and Paperwork Reduction Act Notice, see the **current General Instructions for Certain Information Returns.**

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

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. | 1 Amount of HCTC advance payments \$ | OMB No. 1545-1813 Form 1099-H (Rev. December 2020) |
| | 2 No. of mos. of HCTC advance payments and reimbursement credits paid to you | For calendar year 20 ____ |

**Health Coverage
Tax Credit (HCTC)
Advance Payments**

| | | | |
|--|-----------------|--------------|----------------|
| ISSUER'S/PROVIDER'S TIN | RECIPIENT'S TIN | 3 Jan. \$ | 9 July \$ |
| RECIPIENT'S name | | 4 Feb. \$ | 10 Aug. \$ |
| | | 5 Mar. \$ | 11 Sept. \$ |
| Street address (including apt. no.) | | 6 Apr. \$ | 12 Oct. \$ |
| City or town, state or province, country, and ZIP or foreign postal code | | 7 May \$ | 13 Nov. \$ |
| | | 8 June \$ | 14 Dec. \$ |

**Copy B
For Recipient**

This is important
tax information
and is being
furnished to the
IRS.

Instructions for Recipient

This statement is provided to you because you received Health Coverage Tax Credit (HCTC) advance payments of your health coverage insurance premiums. These advance payments were forwarded directly to your health insurance provider. You are qualified to receive advance payments if you were an eligible trade adjustment assistance (TAA) recipient, an Alternative TAA (ATAA) recipient, a Reemployment TAA (RTAA) recipient, or a Pension Benefit Guaranty Corporation (PBGC) pension payee. See Form 8885, Health Coverage Tax Credit, and its instructions for more details on qualified recipients and how to figure any credit that you may be able to take on your Form 1040, 1040-SR, 1040-NR, 1040-SS, or 1040-PR.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN)).

However, the issuer has reported your complete TIN to the IRS.

Box 1. Shows the total amount of HCTC advance payments of qualified health insurance costs that were made on your behalf.

Box 2. Shows the total number of months you received HCTC payments.

Boxes 3 through 14. Shows the amount of HCTC advance payments paid for you for each month. The total of the amounts shown in these boxes equals the amount shown in box 1.

Future developments. For the latest information about developments related to Form 1099-H and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099H.

Free File. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

VOID CORRECTED

**Health Coverage
Tax Credit (HCTC)
Advance Payments**

| | | | |
|---|-----------------|---|---|
| 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 HCTC advance payments \$ | OMB No. 1545-1813 Form 1099-H (Rev. December 2020) For calendar year 20 ____ |
| | | 2 No. of mos. HCTC payments received | |
| ISSUER'S/PROVIDER'S TIN | RECIPIENT'S TIN | 3 Jan. \$ | 9 July \$ |
| RECIPIENT'S name | | 4 Feb. \$ | 10 Aug. \$ |
| | | 5 Mar. \$ | 11 Sept. \$ |
| Street address (including apt. no.) | | 6 Apr. \$ | 12 Oct. \$ |
| | | 7 May \$ | 13 Nov. \$ |
| City or town, state or province, country, and ZIP or foreign postal code | | 8 June \$ | 14 Dec. \$ |

**Copy C
For
Issuer/Provider**
For Privacy Act
and Paperwork
Reduction Act
Notice, see the
**current General
Instructions for
Certain Information
Returns.**

Instructions for Issuer/Provider

To complete Form 1099-H, use:

- The current General Instructions for Certain Information Returns, and
- The current Instructions for Form 1099-H.

To order these instructions and additional forms, go to www.irs.gov/Form1099H.

Filing and furnishing. For filing and furnishing instructions, and to request filing or furnishing extensions, see the current General Instructions for Certain Information Returns. To file electronically, you must have software that generates a file according to the specifications in Pub. 1220.

Need help? If you have questions about reporting on Form 1099-H, call the information reporting customer service site toll free at 866-455-7438 or 304-263-8700 (not toll free). Persons with a hearing or speech disability with access to TTY/TDD equipment can call 304-579-4827 (not toll free).