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 VOID CORRECTED

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 <b>1099-H</b> (Rev. January 2022) 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. \$

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

**Copy A  
For  
Internal Revenue  
Service Center**

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

Form **1099-H** (Rev. 1-2022)

Cat. No. 34912D

[www.irs.gov/Form1099H](http://www.irs.gov/Form1099H)

Department of the Treasury - Internal Revenue Service

**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 <b>1099-H</b> (Rev. January 2022)
	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. \$
		7 May \$	13 Nov. \$
City or town, state or province, country, and ZIP or foreign postal code		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](http://www.irs.gov/Form1099H).

**Free File Program.** Go to [www.irs.gov/FreeFile](http://www.irs.gov/FreeFile) to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

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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
	2 No. of mos. HCTC payments received	Form <b>1099-H</b> (Rev. January 2022)
		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  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		4 Feb. \$	10 Aug. \$
		5 Mar. \$	11 Sept. \$
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		8 June \$	14 Dec. \$

**Copy C  
For  
Issuer/Provider**  
  
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and Paperwork  
Reduction Act  
Notice, see the  
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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/EmployerForms](http://www.irs.gov/EmployerForms).

**Filing and furnishing.** For filing and furnishing instructions, including due dates, and requesting filing or furnishing extensions, see the current General Instructions for Certain Information Returns.

**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).